

Oklahoma Corporation Commission
Oil & Gas Conservation Division
Post Office Box 52000
Oklahoma City, Oklahoma 73152-2000
Rule 165: 10-3-25

Form 1002A

API No.: 35137031470007

Completion Report

Spud Date: November 04, 1949

OTC Prod. Unit No.:

Drilling Finished Date: December 27, 1949

Amended

1st Prod Date: January 02, 1950

Amend Reason: REPAIR CASING LEAK

Completion Date: January 04, 1950

Recomplete Date: April 17, 2017

Drill Type: STRAIGHT HOLE

SERVICE WELL

Well Name: E VELMA WEST BLOCK SIMS SAND UNIT 37

Purchaser/Measurer:

Location: STEPHENS 33 1S 4W
C SW NW SE
1650 FSL 330 FWL of 1/4 SEC
Derrick Elevation: 1078 Ground Elevation: 1071

First Sales Date:

Operator: LIME ROCK RESOURCES II-A LP 22628

1111 BAGBY ST STE 4600
HOUSTON, TX 77002-2559

Completion Type	
<input type="checkbox"/>	Single Zone
<input type="checkbox"/>	Multiple Zone
<input type="checkbox"/>	Commingled

Location Exception	
Order No	
There are no Location Exception records to display.	

Increased Density	
Order No	
There are no Increased Density records to display.	

Casing and Cement							
Type	Size	Weight	Grade	Feet	PSI	SAX	Top of CMT
SURFACE	10 3/4	40.5	SS R2	478		275	SURFACE
PRODUCTION	7	26.0	SS R2	6015		350	4238

Liner								
Type	Size	Weight	Grade	Length	PSI	SAX	Top Depth	Bottom Depth
LINER	4 1/2	11.6		226	0	200	5993	6219

Total Depth: 6331

Packer	
Depth	Brand & Type
5547	UNKNOWN
5846	UNKNOWN

Plug	
Depth	Plug Type
There are no Plug records to display.	

Initial Test Data

Test Date	Formation	Oil BBL/Day	Oil-Gravity (API)	Gas MCF/Day	Gas-Oil Ratio Cu FT/BBL	Water BBL/Day	Pumpin or Flowing	Initial Shut-In Pressure	Choke Size	Flow Tubing Pressure
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There are no Initial Data records to display.

Completion and Test Data by Producing Formation

Formation Name: HUMPHREYS

Code: 401HMPR

Class: INJ

Spacing Orders

Order No	Unit Size
48360	UNIT

Perforated Intervals

From	To
5582	5646

Acid Volumes

There are no Acid Volume records to display.

Fracture Treatments

There are no Fracture Treatments records to display.

Formation Name: SIMS

Code: 401SIMS

Class: DRY

Spacing Orders

Order No	Unit Size
There are no Spacing Order records to display.	

Perforated Intervals

From	To
5882	6040

Acid Volumes

There are no Acid Volume records to display.

Fracture Treatments

There are no Fracture Treatments records to display.

Formation Name: SIMS

Code: 401SIMS

Class: DRY

Spacing Orders

Order No	Unit Size
There are no Spacing Order records to display.	

Perforated Intervals

From	To
6060	6170

Acid Volumes

There are no Acid Volume records to display.

Fracture Treatments

There are no Fracture Treatments records to display.

Formation	Top
HUMPHREYS	5582
SIMS	5882
SPRINGER	6016

Were open hole logs run? No

Date last log run:

Were unusual drilling circumstances encountered? No

Explanation:

Other Remarks

FILING COMPLETION PACKAGE TO DOCUMENT OPERATIONS TO REPAIR A CASING LEAK (MARCH 29, 2017 TO APRIL 17, 2017). OCC - UIC ORDER NUMBER 265659

Status: Accepted

107

RECEIVED

Form 1002A Rev. 2009

API NO. 35-137-03147
OTC PROD.
UNIT NO.

PLEASE TYPE OR USE BLACK INK ONLY
NOTE:

Attach copy of original 1002A if recompletion or reentry.

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Post Office Box 52000
Oklahoma City, Oklahoma 73152-2000
Rule 165:10-3-25

MAY 15 2017

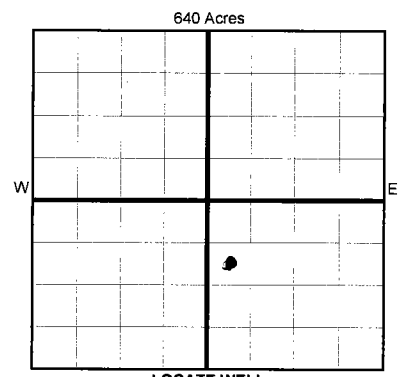
OKLAHOMA CORPORATION COMMISSION

ORIGINAL
 AMENDED (Reason) Repair Casing Leak

COMPLETION REPORT

TYPE OF DRILLING OPERATION
 STRAIGHT HOLE DIRECTIONAL HOLE HORIZONTAL HOLE
 SERVICE WELL
If directional or horizontal, see reverse for bottom hole location.

SPUD DATE 11/04/1949
DRLG FINISHED DATE 12/27/1949
DATE OF WELL COMPLETION 01/04/1950
1st PROD DATE 01/02/1950
RECOMP DATE 04/17/2017



COUNTY Stephens SEC 33 TWP 1S RGE 4W
LEASE NAME EVWB SSU (was H.R.Haines 5) WELL NO. 37
SW 1/4 NW 1/4 SE 1/4 1/4 FSL OF 1/4 SEC 1650 FWL OF 1/4 SEC 330
ELEVATION Derrick FL 1078 Ground 1071 Latitude (if known)
OPERATOR NAME Lime Rock Resources II-A, LP OTC/OCC OPERATOR NO. 22628
ADDRESS 1111 Bagby St., Ste. 4600
CITY Houston STATE TX ZIP 77002

COMPLETION TYPE
 SINGLE ZONE
 MULTIPLE ZONE
 COMMINGLED
LOCATION
EXCEPTION ORDER
INCREASED DENSITY
ORDER NO.

CASING & CEMENT (Form 1002C must be attached)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP OF CMT
CONDUCTOR							
SURFACE	10-3/4	40.5	SS R2	478		275	Surface
INTERMEDIATE							
PRODUCTION	7	26.0	SS R2	6015		350	4238'
LINER	4-1/2	11.6		5993-6219		200	5993'
							TOTAL DEPTH 6331'

PACKER @ 5547 BRAND & TYPE unknown PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____
PACKER @ 5846 BRAND & TYPE unknown PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	401HMPR	401SIMS
SPACING & SPACING ORDER NUMBER	<u>48360 (unit)</u>	<u>48360 (unit)</u>
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	<u>Inj</u>	<u>Inj Dry below packer</u>
PERFORATED INTERVALS	<u>5582-5646</u>	<u>5882-98</u>
ACID/VOLUME	<u>(see sep pg)</u>	<u>6060-70</u>
FRACTURE TREATMENT (Fluids/Prop Amounts)		<u>6140-70</u>

Min Gas Allowable (165:10-17-7) OR Gas Purchaser/Measurer NA
 Oil Allowable (165:10-13-3) OR First Sales Date _____

INITIAL TEST DATA

INITIAL TEST DATE	
OIL-BBL/DAY	
OIL-GRAVITY (API)	
GAS-MCF/DAY	
GAS-OIL RATIO CU FT/BBL	
WATER-BBL/DAY	
PUMPING OR FLOWING	
INITIAL SHUT-IN PRESSURE	
CHOKE SIZE	
FLOW TUBING PRESSURE	

AS SUBMITTED

A record of the formations drilled through, and pertinent remarks are presented on the reverse. I declare that I have knowledge of the contents of this report and am authorized by my organization to make this report, which was prepared by me or under my supervision and direction, with the data and facts stated herein to be true, correct, and complete to the best of my knowledge and belief.

Carla Martin SIGNATURE NAME (PRINT OR TYPE) Carla Martin/Regulatory Tech
1111 Bagby St., Ste. 4600 ADDRESS CITY Houston STATE TX ZIP 77002
DATE 5/11/17 PHONE NUMBER 713/292-9510
EMAIL ADDRESS cmartin@limerockresources.com

PLEASE TYPE OR USE BLACK INK ONLY
FORMATION RECORD

Give formation names and tops, if available, or descriptions and thickness of formations drilled through. Show intervals cored or drillstem tested.

LEASE NAME EVWB SSU WELL NO. 37

NAMES OF FORMATIONS	TOP
Springer	6016
Sims	5882
Humphreys	5582

FOR COMMISSION USE ONLY

ITD on file YES NO

APPROVED _____ DISAPPROVED _____

2) Reject Codes _____

Were open hole logs run? yes no

Date Last log was run _____

Was CO₂ encountered? yes no at what depths? _____

Was H₂S encountered? yes no at what depths? _____

Were unusual drilling circumstances encountered? yes no
 If yes, briefly explain below _____

Other remarks: Filing completion package to document operations to repair a casing leak (3/29/17 to 4/17/17).
OCC-UIC order 265659

640 Acres

If more than three drainholes are proposed, attach a separate sheet indicating the necessary information.

Direction must be stated in degrees azimuth. Please note, the horizontal drainhole and its end point must be located within the boundaries of the lease or spacing unit.

Directional surveys are required for all drainholes and directional wells.

640 Acres

BOTTOM HOLE LOCATION FOR DIRECTIONAL HOLE

SEC	TWP	RGE	COUNTY			
Spot Location	1/4	1/4	1/4	1/4	Feet From 1/4 Sec Lines FSL	FWL
Measured Total Depth	True Vertical Depth		BHL From Lease, Unit, or Property Line:			

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (LATERALS)

LATERAL #1

SEC	TWP	RGE	COUNTY			
Spot Location	1/4	1/4	1/4	1/4	Feet From 1/4 Sec Lines FSL	FWL
Depth of Deviation	Radius of Turn		Direction		Total Length	
Measured Total Depth	True Vertical Depth		BHL From Lease, Unit, or Property Line:			

LATERAL #2

SEC	TWP	RGE	COUNTY			
Spot Location	1/4	1/4	1/4	1/4	Feet From 1/4 Sec Lines FSL	FWL
Depth of Deviation	Radius of Turn		Direction		Total Length	
Measured Total Depth	True Vertical Depth		BHL From Lease, Unit, or Property Line:			

LATERAL #3

SEC	TWP	RGE	COUNTY			
Spot Location	1/4	1/4	1/4	1/4	Feet From 1/4 Sec Lines FSL	FWL
Depth of Deviation	Radius of Turn		Direction		Total Length	
Measured Total Depth	True Vertical Depth		BHL From Lease, Unit, or Property Line:			

Completion Package-Repair Casing Leak
OCC Form 1002A Addendum
EVWB SSU 37
35-137-03147
Stephens Co., OK

Completion & Test Data By Producing Formation (cont'd):

Form 1002A (Pg 5):

Perfs: 6025-40 & 6060-70; Acidized with 250 gal 15% HCl, 1500 gal 15% HF & 250 gal 15% HCl.

Form 1002A (Pg 6):

Perfs: 6060-70 & 6025-40; Spotted 150 gal 7-1/2% HCl & 10 bbls cond.
Pumped 400 gal 7-1/2% HCl, 600 gal 12-3 HF & 300 gal 7-1/2% HCl.
Acidized with 2000 gal 7-1/2% HCl, 1400 gal 12-3 HF, 25 bbls cond
& 200# acid flakes.

Perfs: 5978-82; Acidized with 250 gal 7-1/2% HCl, 200 gal 12-3 MA & flushed
w/40 BSW.

Perfs: 5882-98 & 5908-30; Acidized with 15 bbl cond, 2100 gal 7-1/2% HCl, 1600 gal 12-3 MA &
250# acid flakes.

Form 1002A (Pg 7)

Perfs: 6140-70; Acidized with 2100 gal 7-1/2% HCl, 1800 gal 12.3 MA, 30 bbls cond
& 150# acid flakes.

Perfs: 6025-6170; Acidized with 1680 gal 7-1/2% HCl, 1440 gal 12-3 MA, 100 bbls cond
& 150# acid flakes.

Perfs: 5882-5930; Acidized with 2660 gal 7-1/2% HCl, 2280 gal 12.3 MA, 1600 gal cond
& 220# acid flakes.

Form 1002A (Pg 8)

Perfs: 5582-5646; Acidized with 4000 gal 12-3 MA, 4650 gal 7-1/2% HCl, 2700 gal SOS &
150# BAF.