

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.: 35141205240000

Completion Report

Spud Date: February 04, 2020

OTC Prod. Unit No.: 141-226814-0-0000

Drilling Finished Date: March 07, 2020

1st Prod Date: June 26, 2020

Completion Date: June 22, 2020

Drill Type: STRAIGHT HOLE

Well Name: H G GRANT TRUST 1

Purchaser/Measurer:

Location: TILLMAN 2 3S 19W
 NW SW SE NW
 2262 FNL 1638 FWL of 1/4 SEC
 Derrick Elevation: 1237 Ground Elevation: 1231

First Sales Date:

Operator: AC OPERATING COMPANY LLC 23061

952 ECHO LN STE 390
 HOUSTON, TX 77024-2851

Completion Type	
X	Single Zone
	Multiple Zone
	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	8 5/8	24	J-55	258		175	SURFACE
INTERMEDIATE	5 1/2	17	J-55	3752		125	3232
PRODUCTION	4	10.9	J-55	4996		50	4420

Liner								
Type	Size	Weight	Grade	Length	PSI	SAX	Top Depth	Bottom Depth
There are no Liner records to display.								

Total Depth: 4996

Packer	
Depth	Brand & Type
There are no Packer records to display.	

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
Jun 26, 2020	STRAWN	3	37.2				PUMPING		OPEN	

Completion and Test Data by Producing Formation

Formation Name: STRAWN

Code: 404STRN

Class: OIL

Spacing Orders

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

Perforated Intervals

From	To
4718	4730

Acid Volumes

2,000 GALLONS 15%

Fracture Treatments

There are no Fracture Treatments records to display.
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Formation	Top
CANYON	3240
STRAWN	4009
MISSISSIPPIAN	4824

Were open hole logs run? Yes

Date last log run: March 08, 2020

Were unusual drilling circumstances encountered? Yes

Explanation: LOST CIRCULATION - HAD TO SET INTERMEDIATE CASING

Other Remarks

There are no Other Remarks.

FOR COMMISSION USE ONLY

1145451

Status: Accepted

API NO. **141-20524**
OTC PROD. UNIT NO. **141-226814**

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

ORIGINAL
 AMENDED (Reason) _____

COMPLETION REPORT

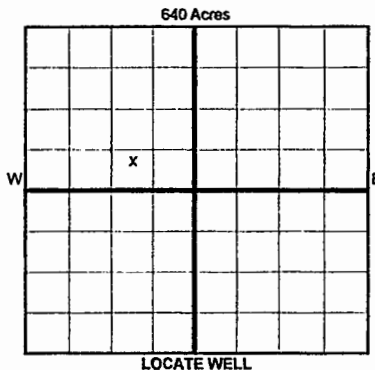
TYPE OF DRILLING OPERATION

STRAIGHT HOLE DIRECTIONAL HOLE HORIZONTAL HOLE
 SERVICE WELL

If directional or horizontal, see reverse for bottom hole location.

COUNTY **Tillman** SEC **02** TWP **03S** RGE **19W**
LEASE NAME **H. G. Grant Trust** WELL NO. **1**
NW 1/4 SW 1/4 SE 1/4 NW 1/4 (FNL OF 1/4 SEC) **2262** FWL OF 1/4 SEC **1638**
ELEVATION **1237** Ground **1231** Latitude (if known) _____ Longitude (if known) _____
OPERATOR NAME **AC Operating Company, LLC** OTC/OCC OPERATOR NO. **23061**
ADDRESS **952 Echo Lane, Suite 390**
CITY **Houston** STATE **Texas** ZIP **77024**

SPUD DATE **2/4/2020**
DRLG FINISHED DATE **3/7/2020**
DATE OF WELL COMPLETION **6/22/2020**
1st PROD DATE **6/26/2020**
RECOMP DATE _____
Longitude (if known) _____



COMPLETION TYPE

SINGLE ZONE
 MULTIPLE ZONE
Application Date _____
COMMINGLED
Application Date _____
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	8-5/8"	24#	J-55	258		175	Surface	
INTERMEDIATE	5-1/2"	17#	J-55	3,752		125	3,232	
PRODUCTION	4"	10.9#	J-55	4996		50	4420	
LINER								
							TOTAL DEPTH	4,996

PACKER @ _____ BRAND & TYPE _____ PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____
PACKER @ _____ BRAND & TYPE _____ PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____

COMPLETION & TEST DATA BY PRODUCING FORMATION **404 STRN**

FORMATION	Strawn					No Frac
SPACING & SPACING ORDER NUMBER						
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	Oil					
PERFORATED INTERVALS	4718-30					
ACID/VOLUME	2000 gal 15%					
FRACTURE TREATMENT (Fluids/Prop Amounts)	none					

RECEIVED
JUL 23 2020
Oklahoma Corporation Commission

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

INITIAL TEST DATA

INITIAL TEST DATE	6/26/2020			
OIL-BBL/DAY	3			
OIL-GRAVITY (API)	37.2			
GAS-MCF/DAY				
GAS-OIL RATIO CU FT/BBL				
WATER-BBL/DAY	0			
PUMPING OR FLOWING	Pumping			
INITIAL SHUT-IN PRESSURE				
CHOKE SIZE	Open			
FLOW TUBING PRESSURE				

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.

Michael A. Odegard SIGNATURE
952 Echo Lane, Suite 390 ADDRESS
Houston CITY Texas STATE 77024 ZIP
Michael A. Odegard NAME (PRINT OR TYPE)
713-881-9030 DATE PHONE NUMBER
maodegard@acexploration.com EMAIL ADDRESS

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 H. G. Grant Trust WELL NO. 1

NAMES OF FORMATIONS	TOP
Canyon	3,240
Strawn	4,009
Mississippian	4,824

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 3/8/2020

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

Lost circulation - had to set intermediate casing

Other remarks:

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:				