

API No.
OTC/OCC Operator No.

CEMENTING REPORT
To Accompany Completion Report

Form 1002C
Rev 1/78

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Post Office Box 52000-2000
Oklahoma City, Oklahoma 73152-2000
OAC 155:10-3-(h)

All operators must include this form when submitting the Completion Report, (Form 1002A). The signature on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with OAC 155:10-3-4(h). It may be advisable to take a copy of this form to location when cementing work is performed.

Field Name				OCC District			
Operator <i>Long & Blace</i>				OCC/OTC Operator No.			
Well Name/No. <i>Bish SWD 100</i>				County <i>Montgomery</i>			
Location <i>1/4 1/4 1/4 1/4</i>		Sec <i>7</i>		Twp <i>34S</i>		Rge <i>14E</i>	

TYPE OR USE BLACK INK ONLY

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date					<i>5-10-11</i>	
*Size of Drill Bit (Inches)					<i>6 3/4</i>	
*Estimated % wash or hole enlargement used in calculations					<i>30%</i>	
*Size of Casing (inches O.D.)					<i>4 1/2</i>	
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft.) from ground level					<i>1898'</i>	
Type of Cement (API Class) In first (lead) or only slurry					<i>class A</i>	
In second slurry						
In third slurry						
Sacks of Cement Used In first (lead) or only slurry					<i>280</i>	
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft)(14X15) in first (lead) or only slurry					<i>347.6 cu ft</i>	
In second slurry						
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft)					<i>Surface</i>	
Cement left in pipe (ft)					<i>0</i>	
Amount of Surface Casing Required (from Form 1000) _____ ft.						

*Was cement circulated to Ground Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	*Was Cement Staging Tool (DV Tool) used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
*Was Cement Bond Log run? <input type="checkbox"/> Yes <input type="checkbox"/> No (if so, Attach Copy)	*If Yes, at what depth?

CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM

* Designated items to be completed by Operator. Items not designated shall be completed by the Cementing Company.