

API No.  
139 24607 01

TG/OCC Operator No.  
16711-0

**CEMENTING REPORT**  
To Accompany Completion Report

Form 1002C  
Rev. 1986

**OKLAHOMA CORPORATION COMMISSION**  
Oil & Gas Conservation Division  
Post Office Box 52000-2000  
Oklahoma City, Oklahoma 73152-2000  
OAC 165:10-3-4(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 165:10-3-4(h). It may be advisable to take a copy of this form to location when cementing work is performed.

TYPE OR USE BLACK INK ONLY

*Field Name				OCC District	2
*Operator Unit Petroleum Company				OCC/OTC Operator No	16711-0
*Well Name/No. Harrison 1-24H				County	TEXAS
*Location NE 1/4 NW 1/4 NE 1/4 NE 1/4	Sec	25	Twp	2N	Rge 19E0M

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		4/4/2014				
*Size of Drill Bit (Inches)		12 1/4				
*Estimated % wash or hole enlargement used in calculations		0%				
*Size of Casing (inches O.D.)		9 5/8				
*Top of Liner (if liner used) (ft)		0				
*Setting Depth of Casing (ft) from ground level		✓1968				
Type of Cement (API Class) In first (lead) or only slurry		Class C				
In second slurry		Class C				
In third slurry						
Sacks of Cement Used In first (lead) or only slurry		405				
In second slurry		200				
In third slurry						
Vol of slurry pumped (Cu Ft) (14 X15.) In first (lead) or only slurry		260 844				
In second slurry		350 210				
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft)		1967				
Cement left in pipe (ft)		9				

\*Amount of Surface Casing Required (from Form 1000) 1995 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 checked="" type="checkbox"/> No (If so, Attach Copy)	*If Yes, at what depth? ft

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

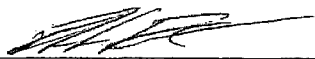
\* Designates items to be completed by Operator.  
Items not so designated shall be completed by the Cementing Company.

Remarks  
 Cement #1: 85/15 Premium Plus Class C Poz: 8 % Gel; 2% Calcium Chloride; 0.25 #/sk Celloflake \* Cement # 2: Premium Plus Class C: 2% Calcium Chloride; 0.25 #/sk Celloflake \* Cement #3: : \* Cement #4: : \* Cement #5: :

\*Remarks

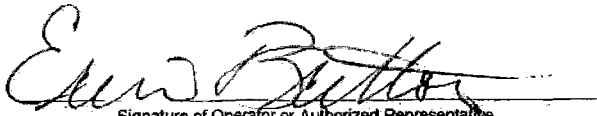
**CEMENTING COMPANY**

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only.

  
 \_\_\_\_\_  
 Signature of Cementer or Authorized Representative

**OPERATOR**

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge of the well data and information presented in this report, and that data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers all well data and information presented herein.

  
 \_\_\_\_\_  
 Signature of Operator or Authorized Representative

Name & Title Printed or Typed	
Eddie Pickard	
O-TEX Pumping LLC	
Address	
7303 N. Hwy 81	
City	
Duncan	
State	Zip
OK	73533
Telephone (AC) Number	
580-251-9919	
Date	
April 3, 2014	

*Name & Title Printed or Typed	
Erin Britton, District Engineer	
*Operator	
Unit Petroleum Company	
*Address	
PO Box 702500	
*City	
Tulsa	
*State	*Zip
OK	74170
*Telephone (AC) Number	
918-477-4578	
*Date	
5/13/14	

**INSTRUCTIONS**

1. A) This form shall be filed by the operator, at the O.C.C. office in Oklahoma City, as an attachment to the Completion Report (Form 1002A) for a producing well or a dry hole.
- B) An original of this form shall be filed as an attachment to the Completion Report, (Form 1002A), for each cementing company used on a well.
- C) The cementing of different casing strings on a well by one cementing company may be consolidated on one form.
2. Cementing Company and Operator shall comply with the applicable portions of OAC 165:10-3-4(h).
3. Set surface casing 50 feet below depth of treatable water to be protected and cement from casing shoe to ground surface or as allowed by OAC 165:10-3-4(h).
4. **IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW CORPORATION COMMISSION RULES.**

API No.  
**139 24607 01**  
 OTC/OCC Operator No.  
**16711-0**

**CEMENTING REPORT**  
 To Accompany Completion Report

Form 1002C  
 Rev. 1996

**OKLAHOMA CORPORATION COMMISSION**  
 Oil & Gas Conservation Division  
 Post Office Box 52000-2000  
 Oklahoma City, Oklahoma 73152-2000  
 OAC 165:10-3-4(h)

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**TYPE OR USE BLACK INK ONLY**

*Field Name	OCC District <b>2</b>
*Operator <b>Unit Petroleum Company</b>	OCC/OTC Operator No. <b>16711-0</b>
*Well Name/No. <b>Harrison 1-24H</b>	County <b>TEXAS</b>
*Location <b>NE 1/4 NW 1/4 NE 1/4 NE 1/4</b>	Sec <b>25</b> Twp <b>2N</b> Rge <b>19E6M</b>

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date				<b>4/10/2014</b>		
*Size of Drill Bit (Inches)				<b>8 3/4</b>		
*Estimated % wash or hole enlargement used in calculations				<b>0</b>		
*Size of Casing (inches O.D.)				<b>7</b>		
*Top of Liner (if liner used) (ft.)				<b>0</b>		
*Setting Depth of Casing (ft.) from ground level				<input checked="" type="checkbox"/> <b>5894</b>		
Type of Cement (API Class) In first (lead) or only slurry				<b>Class H</b>		
In second slurry				<b>Class H</b>		
In third slurry						
Sacks of Cement Used In first (lead) or only slurry				<input checked="" type="checkbox"/> <b>25</b>		
In second slurry				<input checked="" type="checkbox"/> <b>235</b>		
In third slurry						
Vol of slurry pumped (Cu ft)(14,X15.) In first (lead) or only slurry				<b>80</b>		
In second slurry				<b>296</b>		
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft)				<b>2497</b>		
Cement left in pipe (ft)				<b>10</b>		

\*Amount of Surface Casing Required (from Form 1000) **1995** ft

*Was cement circulated to Ground Surface? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No (If so, Attach Copy)	*If Yes, at what depth? _____ ft

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


\* Designates items to be completed by Operator.  
 Items not so designated shall be completed by the Cementing Company.

Remarks  
 Cement #1: Premium Class H: 0.2% FL-17: 0.1% C-20 \*  
 Cement # 2: Premium Class H: 0.2% FL-17: 0.1% C-20 \*  
 Cement #3: : Bring back all circulation equipment! \*  
 Cement #4: : \* Cement #5: :

\*Remarks


**CEMENTING COMPANY**

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 \_\_\_\_\_  
 Signature of Cementer or Authorized Representative

**OPERATOR**

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 \_\_\_\_\_  
 Signature of Operator or Authorized Representative

Name & Title Printed or Typed	
Eddie Pickard	
O-TEX Pumping LLC	
Address	
7303 N. Hwy 81	
City	
Duncan	
State	Zip
OK	73533
Telephone (AC) Number	
580-251-9919	
Date	
April 9, 2014	

*Name & Title Printed or Typed	
Erin Britton, District Engineer	
*Operator	
Unit Petroleum Company	
*Address	
PO Box 702500	
*City	
TULSA	
*State	*Zip
OK	74170
*Telephone (AC) Number	
918-477-4518	
*Date	
5/13/14	

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