

CEMENTING REPORT

Form 1002C
Rev. 2012

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

API No.
35039225090000

This form shall be filed with 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(i). It may be advisable to take a copy of this form to location when cementing work is performed.

TYPE OR USE BLACK INK ONLY

*Operator CONTINENTAL RESOURCES	OCC/OTC II / 03186
*Well Name/No. MILLER FAMILY 1-13-24 XH	County CUSTER
*Location SE 1/4 SW 1/4 SW 1/4 NW 1/4 Sec 13 Twp 14N Rge 15W	

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		07/31/17				
*Size of Drill Bit (Inches)		17.5				
*Estimated % wash or hole enlargement used in calculations						
*Size of Casing (inches O.D.)		13 3/8"				
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft.) from ground level		1498'				
Type of Cement (API Class)		C				
In first (lead) or only slurry		C				
In second slurry						
In third slurry						
Sacks of Cement Used						
In first (lead) or only slurry		590				
In second slurry		300				
In third slurry						
Vol of slurry pumped (Cu ft)(14.X15.)						
In first (lead) or only slurry		260				
In second slurry		72				
In third slurry						
Calculated Annular Height of Cement behind pipe (ft)						
Cement left in pipe (ft)						

*Amount of Surface Casing Required (from Form 1000) **1500** 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

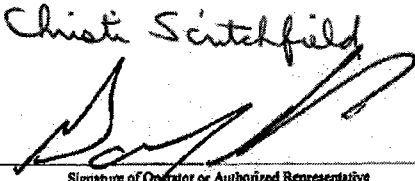
CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM

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

Remarks

*Remarks

CEMENTING COMPANY
I declare under applicable Corporation Commission rule, that I am authorized to make 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 Cementing Company 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)	DAVID MCCORMICK FS2		
Cementing Company	BJ Services		
Address	11041 NW 10th St.		
City	Yukon		
State	OK	Zip	73099
Telephone (AC) Number	405 354 8861		
Date	07/23/17		

Name & Title (Printed or Typed)	Christi Scritchfield		
*Operator	Continental Resources, Inc.		
*Address	PO Box 268870		
*City	Oklahoma City, OK 73126		
	(405) 234-9000		
*State		*Zip	
Telephone (AC) Number			
*Date			

INSTRUCTIONS

1. A) This form shall be filed by the operator, at the O.C.C. office in Oklahoma City, with the Completion Report (Form 1002A) for a producing well or a dry hole.
 B) An original of this form shall be filed with 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.
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.

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*Operator CONTINENTAL	OCC/OTC II / 03186
*Well Name/No. MILLER FAMILY 1-13-24XH	County CUSTER
*Location SE 1/4 SW 1/4 SW 1/4 NW 1/4	Sec 13 Twp 14N Rge 15W

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date				08/11/17		
*Size of Drill Bit (Inches)				12.25		
*Estimated % wash or hole enlargement used in calculations						
*Size of Casing (inches O.D.)				9 5/8"		
*Top of Liner (if filter used) (ft.)						
*Setting Depth of Casing (ft.) from ground level				11172		
Type of Cement (API Class)				H		
In first (lead) or only slurry				H		
In second slurry				H		
In third slurry				H		
Sacks of Cement Used				999		
In first (lead) or only slurry				380		
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft)(14.X15.)				162		
In first (lead) or only slurry				2051		
In second slurry				448		
In third slurry				8191		
Calculated Annular Height of Cement behind pipe (ft)						
Cement left in pipe (ft)						

*Amount of Surface Casing Required (from Form 1000) 1500 ft.


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

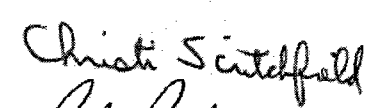
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Remarks

*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)	Chris Deener Service Supervisor
Cementing Company	BJ Services
Address	11041 NW 10th St.
City	Yukon
State	OK
Zip	73099
Telephone (AC) Number	405 354 8861
Date	08/11/17

Name & Title (Printed or Typed)	Christi Scritchfield
*Operator	Continental Resources, Inc.
*Address	PO Box 268870
*City	Oklahoma City, OK 73126
*State	(405) 234-9000
Telephone (AC) Number	
*Date	

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*Well Name/No. MILLER FAMILY 1-13-24XH	County CUSTER
*Location SE 1/4 SW 1/4 SW 1/4 NW 1/4 Sec 13 Twp 14N Rge 15W	

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date					09/20/17	
*Size of Drill Bit (Inches)					8.75	
*Estimated % wash or hole enlargement used in calculations					30	
*Size of Casing (inches O.D.)					5.5	
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft.) from ground level					22940'	
Type of Cement (API Class)					POZ H	
In first (lead) or only slurry					POZ H	
In second slurry						
In third slurry						
Sacks of Cement Used					1500	
In first (lead) or only slurry						
In second slurry					3218	
In third slurry						
Vol of slurry pumped (Cu ft)(14 X 15)					2265	
In first (lead) or only slurry						
In second slurry					4115	
In third slurry						
Calculated Annular Height of Cement behind pipe (ft)					6652	
Cement left in pipe (ft)					87	

*Amount of Surface Casing Required (from Form 1000) 1500 ft

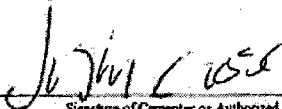
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*Was Cement Bond Log run? Yes <input checked="" type="checkbox"/> No (If so, Attach Copy)	*If Yes, at what depth? _____ ft


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 Signature of Cementor or Authorized Representative

OPERATOR
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 Signature of Operator or Authorized Representative

Name & Title Printed or Typed	
JUSTIN W CROSS	
Cementing Company	
DJ SERVICES	
Address	
11041 NW 10 TH ST	
City	
YUKON	
State	Zip
OK	73009
Telephone (AC) Number	
405-354-3861	
Date	

*Name & Title Printed or Typed	
*Operator	Christi Scritchfield
*Address	Continental Resources, Inc.
	PO Box 268870
*City	Oklahoma City, OK 73126
	(405) 234-9000
*State	
*Telephone (AC) Number	
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