API No

35-017-25062

OTCICCC Operator No.

CEMENTING REPORT To Accompany Consistion Report

Fam (8030 Rev. (896

OKLAHOMA CORPOPATION GOSSIMISSION CH & Gus Conservation Division Post Office Box 52000-2000 Ottaliona Cay, Ottaliona, 79150-2000

Obtaining Cay, Citationse 73182-2000
CAC 455-10-3-460
plus operation must include this form when submitting the Completion Report, Form 1002AL. The september on this extraction must be that of question despisorers of the completion workpany and countries to demonstrate completions.

| Interview must be that of quelified employees of the cemeraling energiany and community to demonstrate paragraphs With CAC 185/10-3-4(1). It may be anytable to take a copy of this force to invaling when bementing work is not formed. | | | | | | |
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| | | | WE SERVE THE SERVE | | e de compresenta de la compresenta del compresenta del compresenta de la compresenta del compresenta | CONTROL OF THE PARTY OF THE PAR |
| CCC Detect | | | | | | |
| ************************************** | | | | | | 3u3 |
| Canadian County, OK | | | | | | |
| 30 WOLD W. 30 WOLD WEEK | ΔM | | 2 | 448 | | 711 |
| | | | | | | |
| Comment Cassing Date | Casin | Surface Castles | **** | Carlon | Production | l iner |
| Comenting Date | | 10/8/2017 | | | ^ | |
| *Size of Drill Bit (Inches) | | 12 1/4 | | | | |
| Estimated to wash or hole only general used in calculations | en e | 100% | | | | |
| "Size of Cesting (Inches (J.D.) | | 3 8/8 | | | | |
| "Top of Liner (if liner used) (ii.) | | N/A | *************************************** | | | |
| *Setting Depth of Cesting (it.) If win ground level | | 905.04 | | | | |
| Type of Coment (API Class) in first (lead) or only slurry | | Α | | | | |
| in excord elerry | | A | | · | | |
| In third siury | | NA. | | | | |
| Sector of Company Light In first (lead) or control objety | ` | 277 | | | | *************************************** |
| In second sturry | | 160 | | | | |
| in this shary | | | | | | |
| voi of sturry pumped (Guitiy (4.X15.) in first (lead) or only sturry | | | | | | |
| In second starry | | 177 | | | | *** |
| in third slury | | NA | | | | |
| Calculated Annulus Height of Cement behind Pape (ft) | | 995.04 | | | | |
| Conwell foit in pipe (ff) | | 48.51 | | | | |
| uncish of Surface Casing Required (from Form 1000) | | | | | | |
| Vas cerrent circulated to Ground Surface? Yes No Was Comment Staging Tool (DV Tool) used? Yes Van | | | | | | |
| Vas Cament Book Los nin? Ves Libb III so Attach Chron | | | | | | |

| Remarks Lead Sturry: 200 S | a a facility | "Respecto |
|--|---------------------------------------|--|
| | ecks | |
| 200 Sacks Cless A, 2% Gypsun SMS, 0.25 lbs Polv Flake | Com Carcium Chiches, 2% | |
| | | |
| Tail Slowy: 150 S | acks T | |
| 150 Sacks Clark A | | |
| 1.00 00000 Augus V | | |
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| | | |
| | | |
| | | |
| | | |
| CEMENTING | COMPANY | OPERATOR |
| | | |
| i declare under applicable Corporatio | | f declare under applicable Corporation Commission rule, that I |
| am authorized to make this certificationsing in this well as shown in the re | | am authorized to make this certification, that I have knowledge of the well dela and information presented in this report, and |
| or under my supervision, and that the | | that data and facts presented on both sides of this form are |
| presented on both sides of this form | are true, corport and | true, correct and complete to the best of my knowledge. This |
| complete to the best of my knowledge | . This certification | certification covers all well data and information presented |
| covers cementing data only. | | herein. |
| | | |
| / | | |
| - House | · /// } | 1 Own Launs |
| Signature of Commission of A | W. J | Signature of Operator or Autoprized Representative |
| | <u> </u> | |
| Name & Title Printed or Typed | | Marie & This Princip of Types |
| Aaron Waddle-Sei | vice Supervisor | the backluss comes as |
| | · | |
| Spinnaker Oilfield Services LLC | | Marshon III commall |
| Address | | The state of the s |
| 3875 AN | adais | 1020/11/11/ RUODOSCUMI |
| 3675 Alfadaile | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| City | | My has Oil. |
| El Reno | | enanora cry |
| State | Zip | Zip, Olash |
| OK. | 73036 | 1 100 13132 1 |
| Telephone (AC) Number | <u> </u> | "Tolipphorm (AC) Highber |
| 1-405-285-2804 | | 1 1/40K1 408-KJAK |
| | · · · · · · · · · · · · · · · · · · · | 100,100,100,000 |
| | 2 , | |
| October 8, 2017 | | 1 2/1/18 |

INSTRUCTIONS

- 1. A) This form shall be filed by the operator, at the O.C.C. office in Oldshoms Cay, 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 line Comptellion Report, (Form 1002A), for each cementing company used on a well.

 C) The comenting of different casing strings on a well by one comenting company may be consolidated on one form.
- 2 Cemerting Company and Operator shall comply with the applicable portions of OAC 165:10-3-4(h).
- Set surface casing 50 feet below depth of trestable water to be protected and cement from casing shoe to ground surface or as allowed by OAC 165:10-3-4(h). 3.
- IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW CORPORATION COMMISSION RULES.

No.

35-017-25062

010-000 00000 No.

CEMENTANG REPORT To Accompany Completion Report

Form 1002C Rev. 1996

OKLAHOMA CORPORATION COMMISSION

Oil & Gas Conservation Division Post Office Box 52000-2000

Oktobroma City, Oktobroma 73152-2000

CAC 165:10-3-4(n)
All operators must include this form when submitting the Completion Report, (Form 1982A). The signature operator so this statement must be that of qualified employees of the dementing company and operator to demonstrate completence with OAC 165:10-3-4(n). It may be estimable to take a copy of this form to location when dementing work is performed.

| TYPE OR USE BLACK INK ONLY | | | | | | | |
|---|-------------------------|-------------------|---|-----------------|---------------------------|------------|----------|
| *Field Name | | | | | OCC District | | |
| *Operator Marathon Off | | | | • | OCCIOTO Operator No 01363 | | |
| Well Name/No. Betty Crowly 1107 1-28/H Canadian County, | | | | | | | |
| SWW JEMJWMS | E_114 | 300 | . 2 | 1 | 1N | i i | 7W · |
| | | | | | | | |
| Coment Casing Date | Conductor Casing | Surface Casing | Alternative Casing | HISTORY Cash | | Production | |
| Comuniting Date | | | | 10/14/2 | and the same of the | | |
| "Size of Drill Bit (Inches) | | | <u> </u> | 8 3/ | 4 | ····· | <u> </u> |
| *Estimated % wash or hole enlargement used in calculations | | | | 30% | 6 | | |
| *State of Casing (inches O.D.) | | | | 7 | | | |
| "Top of Liner (if liner used) (ft.) | | | | NA. | | | |
| "Setting Depth of Casing (ft.) from ground level | | | | 9331. | 53 | | |
| Type of Comunit (API Class) in first (lead) or only slurry | | | | A:50: | 50 | | |
| in second slumy | • | | | A:50: | 50 | | |
| in third sturry | | `` | | NA | | | - |
| Sacks of Cement Used in first (lead) of only sturry | | | | 300 | | | |
| in second slumy | | | | 175 | | | |
| In third slumy | | · | | NA. | | | |
| Vol of sluny pumped (Cu ft)(14.X16.) in first (lead) or only skyrry | | | | 1491 | | | |
| In second siury | | | | 22.4 | | | |
| in third slurry | | | | NA. | | | |
| Calculated Annular Height of Cement behind Pipe (ft) | | | | 9331. | 53 | | |
| Cement left in pipe (ft) | | | | 88 | | | |
| | | | | | | | |
| 'Amount of Surface Casing Required (from Form 1000) | | | | | | | |
| Was coment circulated to Ground Surface? | ☐ Yes | ☑ No | Was Cement Staging Tool (DV Tool) used? | | ☐ Yes | ☑ No | |
| Was Coment Bond Log nun? Yes | No (If so, Albach Copy) | | "If Yes, at what depth? | | | | Я |

| Remarks | Remarks |
|--|--|
| Lead Skury: 380 Sacks | |
| 300 Sadus 50/50 Class A/POZ, 8% Gel, 8% Gypsum, 2% | |
| SMS, 12% SFA, 0.25 lbs Poly Flake | |
| | |
| Tail Slumy: 175 Sacks | |
| 175 Sacks 50/50 Class A/POZ, 2% Gel, 2% Gypsum, 0.4% | 1 |
| SFL-2, 0.25% SR-2, 0.25 lbs Polyflake | |
| 101 L-2, 0.20 to 8 Pulyheine | |
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| | |
| | • |
| | And the second s |
| CEMENTING COMPANY | OPERATOR |
| | La company of the state of the |
| declare under applicable Corporation Commission rule, that I | i declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge |
| am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me | of the well data and information presented in this report, and |
| or under my supervision, and that the comenting data and facts | that data and facts presented on both sides of this form are |
| presented on both sides of this form are true, correct and | true, correct and complete to the best of my knowledge. This |
| complete to the best of my knowledge. This certification | centification covers all well data and information presented |
| covers cementing data only. | herein. |
| | , |
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| All O : Valle | THE CXUMIL SUMMED |
| Signature of Connenius or Authorized Representative | Signature of Committee of Authorities Committees |
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| Province COMMON Contract and Province | The second of th |
| Mike Ratto, Service Supervisor | Suzire Cizump Kegulatary Tech |
| , and the second of the second | |
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| Spinnaker Oilfield Services LLC | MINOUNTING OF CONTROLL |
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| general control of the control of th | |
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| OK 73036 | 1515A |
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| PrintingProcessor (All Tyle Administrator) | 111/21 400 - KINZ |
| 1-405-265-2804 | CUKU 6X1 /CUFU |
| Deter | A CONTRACTOR OF THE PROPERTY O |
| October 14, 2017 | 1 alill |

INSTRUCTIONS

- 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 trole.
 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).
- 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). 3.
- IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW CORPORATION COMMISSION RULES.

35-017-25062

017-000,789

OTO/OCC Operator No.

"Was Coment Bond Log run?

Yes

CEMENTING REPORT To Accompany Completion Report

Form 1902C Rov. 1989

R

OKLAHOMA CORPORATION COMMISSION

OB & Gas Conservation Division Post Office Box 52000-2000 Okishoma City, Okishoma 73152-2000 DAC 165:10-3-4(h)

| All operators must include this form school submitting statement must be that of qualified comployers of the with CAC 185:10-3-4(h). It may be addisable to take performed. | Control in Contrary | eard operator to decor | nstrale compliance | | | |
|--|---|--|--|---|---|------------|
| | | TYPEORE | ISE BLACK INK ONLY | | | |
| Tield Name | · · · · · · · · · · · · · · · · · · · | | | OCC Dien | ici | |
| Operator Materialization Oil | | ···· | | оссотс | 00000000 | 3/23 |
| Well Name/No. Betty Crowly 1107 1-25 | | | | County | Canadiers | County, OK |
| 5W 145E145W1KE | 1/4 | Sec | 2 Twp | 11N | | 7.11 |
| | <u> </u> | | | | | |
| Camerit Casing Data | Conductor Coulog | Surface Casing | A Carlo | Intermodiate Cauling | Production String | Liner |
| Cestilating Date | | | | | | 10/18/2017 |
| "Size of Drill Bit (Inches) | (in the Part De Call Televis Medical Televis de Call Televis de Call Televis de Call Televis de Call Televis de La call Televis de Call Televis | | | | *************************************** | 6 1/8 |
| *Estimated % wash or hole enlargement used in calculations | *************************************** | | | *************************************** | i i | 40 |
| *Size of Casing (Inches O.D.) | | | | | | 4 1/2 |
| *Top of Liner (if liner used) (fit.) | | | * * | | | 9180.67 |
| *Setting Depth of Casing (R.) Irom ground level | | ************************************** | 130 mm day 100 mm garage 100 mm day | | | 14842 |
| Type of Cement (API Class) in first (lead) or only slumy | | | | | | A50:50 |
| . In second slurry | | | | - | | NA |
| In third slurry | | | | | | NA |
| Sacks of Cement Used in first (lead) or only sturry | | | | | | 485 |
| In second shirty | | | | | | NA |
| in third slurry | | | | | | NA. |
| Vol of slurry pumped (Cu ft)(14,X15.) in first (lead) or only slurry | | | | | | 795.4 |
| In second sluny | | | <u> </u> | | : | NA |
| In third sluny | | | | | | NA |
| Calculated Annular Height of Cement behind Pipe (ft) | | | | | | 5506 |
| Coment left in pipe (it) | | | | | | 52 |
| | | | | | | |
| Amount of Surface Ceeing Required (from Form 190) | 0) | | <u>.</u> | i. | | |
| Was cerneral circulated to Ground Surface? | ☐ Yes | ⊿ № | "Was Coment Staging To | fool (DV Tool) used? | | ☑ N60 |

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

"If Yes, at what depar?

No (If so, Attach Copy)

| Remarks | Remarks |
|--|--|
| Lead Sluffy: 485 Sacks | |
| 485 Sacks 50/50 Class H/POZ, 5% Gyp, 5% Gel, 0.3% SA-2, | |
| 0.8% SFL-2, 0.25 lbs/sk Poly Flake | |
| | |
| Tall Slurry: #REFI Sacks | |
| #REFI | |
| | |
| | |
| | |
| | |
| | |
| | Markey and the second s |
| CEMENTING COMPANY | OPERATOR |
| I declare under applicable Corporation Commission rule, that I | I dectare under applicable Corporation Commission rule, that I |
| am authorized to make this certification, that the comenting of | am authorized to make this certification, that I have knowledge |
| casing in this well as shown in the report was performed by me | of the well data and information presented in this report, and |
| or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct and | that data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This |
| complete to the best of my knowledge. This certification | over covers all well data and information presented |
| covers camenting data only. | herein. |
| | |
| | |
| 0160 611 | |
| - We wit | CXMM CAMMAR |
| Signature of Comenter or Authorized Representative | Signature of Operator or Authorized Representative |
| and the state of t | |
| Millio Rallo, Service Supervisor | Juzie Cirump-Kog technicat |
| · | |
| Spinnaker Oilfield Services LLC | Mass-from Oil Company |
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| OK 73030 | INTUNOMA 15153 ! |
| (seekande (AC) vannos | |
| 1-40%-265-2804 | TUCK 1 728-5205 |
| Date | |
| October 18, 2017 | 9/1/2 |
| OCODE: 10, 2017 | |

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