

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.: 35119244440000

**Completion Report**

Spud Date: December 15, 2019

OTC Prod. Unit No.: 119-226480-0-0000

Drilling Finished Date: December 18, 2019

1st Prod Date: January 20, 2020

Completion Date: January 07, 2020

**Drill Type: STRAIGHT HOLE**

Well Name: MARILYN 1-13

Purchaser/Measurer:

Location: PAYNE 13 19N 4E  
C NW NE NW  
2310 FSL 1650 FWL of 1/4 SEC  
Latitude: 36.129077 Longitude: -96.831390247  
Derrick Elevation: 0 Ground Elevation: 898

First Sales Date:

Operator: ROBERSON OIL COMPANY INC 19500  
PO BOX 8  
201 E COTTAGE ST  
ADA, OK 74821-0008

Completion Type		Location Exception		Increased Density	
X	Single Zone	Order No		Order No	
	Multiple Zone	There are no Location Exception records to display.		There are no Increased Density records to display.	
	Commingled				

Casing and Cement							
Type	Size	Weight	Grade	Feet	PSI	SAX	Top of CMT
SURFACE	8 5/8	26	J-55	252	3000	180	SURFACE
PRODUCTION	5 1/2	15.50	J-55	3785	5000	105	2996

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

**Total Depth: 3800**

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
Jan 20, 2020	BURGESS	137	40	30	219		PUMPING	450		

**Completion and Test Data by Producing Formation**

Formation Name: BURGESS

Code: 404BRGS

Class: OIL

**Spacing Orders**

Order No	Unit Size
NOT SPACED	

**Perforated Intervals**

From	To
3700	3706

**Acid Volumes**

750 GALLONS 15% MCA
---------------------

**Fracture Treatments**

411 BARRELS WATER, 15,000 POUNDS 20/40 SAND
---

Formation	Top
OSAGE-LAYTON	2120
CHECKERBOARD LIME	2785
PERU	3063
BIG LIME	3108
OSWEGO	3175
VERDIGRIS	3301
LOWER SKINNER	3394
PINK LIME	3424
RED FORK	3437
BURGESS	3700
MISSISSIPPI	3706

Were open hole logs run? Yes

Date last log run: December 19, 2019

Were unusual drilling circumstances encountered? No

Explanation:

**Other Remarks**

There are no Other Remarks.

**FOR COMMISSION USE ONLY**

1144771

Status: Accepted

# RECEIVED

Form 1002A  
Rev. 2009

API NO. **119-24444**  
OTC PROD UNIT NO. **119-226480**

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

FEB 13 2020

☒ ORIGINAL  
☐ AMENDED (Reason) \_\_\_\_\_

## COMPLETION REPORT

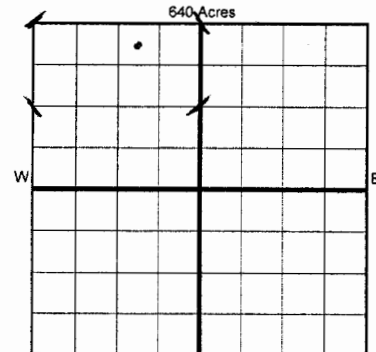
### TYPE OF DRILLING OPERATION

☒ STRAIGHT HOLE ☐ DIRECTIONAL HOLE ☐ HORIZONTAL HOLE  
☐ SERVICE WELL

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

COUNTY <b>Payne</b>	SEC <b>13</b>	TWP <b>19N</b>	RGE <b>4E</b>	SPUD DATE <b>12/15/19</b>
LEASE NAME <b>MARILYN</b>	WELL NO. <b>1-13</b>	DATE OF WELL COMPLETION <b>1/07/20</b>	1st PROD DATE <b>1/20/20</b>	
C <b>1/4</b> NW <b>1/4</b> NE <b>1/4</b> NW <b>1/4</b>	FSL OF 1/4 SEC <b>2310'</b>	FWL OF 1/4 SEC <b>1650'</b>	RECOMP DATE	
ELEVATION <b>Ground 898'</b>	Latitude (if known) <b>36.129077</b>	Longitude (if known) <b>-96.831390247</b>		
OPERATOR NAME <b>Roberson Oil Co., Inc.</b>	OTC/OCC OPERATOR NO. <b>19500</b>			
ADDRESS <b>PO Box 8</b>				
CITY <b>Ada,</b>	STATE <b>OK</b>	ZIP <b>74821</b>		

## OKLAHOMA CORPORATION COMMISSION



### COMPLETION TYPE

<input checked="" type="checkbox"/> SINGLE ZONE
<input type="checkbox"/> MULTIPLE ZONE
Application Date
<input type="checkbox"/> 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	26#	J-55	252	3000	180	Surface
INTERMEDIATE							
PRODUCTION	5 1/2	15.50	J-55	3785	5000	105	2996'
LINER							
							TOTAL DEPTH <b>3800'</b>

PACKER @ \_\_\_\_\_ BRAND & TYPE \_\_\_\_\_ PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_ PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_  
PACKER @ \_\_\_\_\_ BRAND & TYPE \_\_\_\_\_ PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_ PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_

### COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	<b>Burgess Sand</b>						
SPACING & SPACING ORDER NUMBER	<b>Not Spaced</b>						
CLASS: Oil, Gas, Dry, Inj. Disp, Comm Disp, Svc	<b>Oil</b>						
PERFORATED INTERVALS	<b>3700-3706'</b>						
	<b>4 spf</b>						
ACID/VOLUME	<b>750 Gals. 15% mca</b>						
FRACTURE TREATMENT (Fluids/Prop Amounts)	<b>411 Bbls water</b>						
	<b>15,000# 20/40 Sand</b>						

*Reported to Frac Focus*

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	<b>1/20/2020</b>
OIL-BBL/DAY	<b>137</b>
OIL-GRAVITY (API)	<b>40 degrees</b>
GAS-MCF/DAY	<b>30 mcf</b>
GAS-OIL RATIO CU FT/BBL	<b>219:1</b>
WATER-BBL/DAY	<b>-0-</b>
PUMPING OR FLOWING	<b>Pumping</b>
INITIAL SHUT-IN PRESSURE	<b>450 psi</b>
CHOKE SIZE	
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.

*David Roberson, II*  
SIGNATURE **David Roberson, II, pres.** NAME (PRINT OR TYPE) **2-11-20** DATE **580-332-6170** PHONE NUMBER  
PO Box 8, ADDRESS **Ada,** CITY **OK** STATE **74821** ZIP **ROIL11@yahoo.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 MARTILYN

WELL NO. 1-13

NAMES OF FORMATIONS	TOP
Osage-Layton	2120'
Checkerboard Lime	2785
Peru	3063
Big Lime	3108
Oswego	3175
Verdigris	3301
Lower Skinner	3394
Pink Lime	3424
Redfork	3437
Burgess	3700
Mississippi	3706

FOR COMMISSION USE ONLY	
ITD on file <input type="checkbox"/> YES <input type="checkbox"/> NO	
APPROVED _____	DISAPPROVED _____
2) Reject Codes	
_____	
_____	
_____	
_____	

Were open hole logs run?	<u>X</u> yes <u>  </u> no
Date Last log was run	<u>12/19/2019</u>
Was CO <sub>2</sub> encountered?	<u>  </u> yes <u>X</u> no at what depths? _____
Was H <sub>2</sub> S encountered?	<u>  </u> yes <u>X</u> no at what depths? _____
Were unusual drilling circumstances encountered?	<u>  </u> yes <u>XX</u> no
If yes, briefly explain below	

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				Feet From 1/4 Sec Lines	FSL	FWL
1/4 1/4 1/4						
Measured Total Depth		True Vertical Depth		BHL From Lease, Unit, or Property Line:		

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (LATERALS)

SEC	TWP	RGE	COUNTY			
Spot Location				Feet From 1/4 Sec Lines	FSL	FWL
1/4 1/4 1/4						
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				Feet From 1/4 Sec Lines	FSL	FWL
1/4 1/4 1/4						
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				Feet From 1/4 Sec Lines	FSL	FWL
1/4 1/4 1/4						
Depth of Deviation		Radius of Turn		Direction	Total Length	
Measured Total Depth		True Vertical Depth		BHL From Lease, Unit, or Property Line:		

**CEMENTING REPORT**

Form 1002C

Rev. 2012

**OKLAHOMA CORPORATION COMMISSION**

Oil &amp; Gas Conservation Division

Post Office Box 52000

Oklahoma City, Oklahoma 73152-2000

OAC 165:10-3-4(i)

API No.

119-24444

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	ROBERSON OIL COMPANY, INC				OCC/OTC	19500	
*Well Name/No.	MARILYN 1-13				County	PAYNE	
*Location	1/4 C NW 1/4	NE 1/4	NW 1/4	Sec	13	Twp	19N
						Rge	4E

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		12/15/19				
*Size of Drill Bit (Inches)		12 1/4				
*Estimated % wash or hole enlargement used in calculations		100				
*Size of Casing (inches O.D.)		8 5/8				
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft.) from ground level		252				
Type of Cement (API Class)		REG				
In first (lead) or only slurry						
In second slurry						
In third slurry						
Sacks of Cement Used		180				
In first (lead) or only slurry						
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft)(14.X15.)		213				
In first (lead) or only slurry						
In second slurry						
In third slurry						
Calculated Annular Height of Cement behind pipe (ft)		GL				
Cement left in pipe (ft)		30				

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

220'

ft.

\*Was cement circulated to Ground Surface?

☒ Yes ☐ No

\*Was Cement Staging Tool (DV Tool) used?

☐ Yes ☒ No

\*Was Cement Bond Log run?

☐ Yes ☒ 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
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### 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 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)	J. B. Niccum - Manager		
Cementing Company	Oklahoma Cementing Cushing, LLC		
Address	P.O. Box 590		
City	Cushing		
State	OK	Zip	74023
Telephone (AC) Number	(918) 225-0688		
Date	16 Dec 2019		

Name & Title (Printed or Typed)	David Roberson, II President		
*Operator	ROBERSON OIL CO ., INC.		
*Address	PO Box 8		
*City	Ada		
*State	OK	*Zip	74821
Telephone (AC) Number	580-332-6170		
*Date	1/15/2020		

### INSTRUCTIONS

- 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.
  - An original of this form shall be filed with the Completion Report, (Form 1002A), for each cementing company used on a well.
  - The cementing of different casing strings on a well by one cementing company may be consolidated on one form.
- Cementing Company and Operator shall comply with the applicable portions of OAC 165:10-3-4.
- 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.

**CEMENTING REPORT**

Form 1002C

Rev. 2012

**OKLAHOMA CORPORATION COMMISSION**

Oil &amp; Gas Conservation Division

Post Office Box 52000

Oklahoma City, Oklahoma 73152-2000

OAC 165:10-3-4(i)

API No.

119-24444

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**TYPE OR USE BLACK INK ONLY**

*Operator	ROBERSON OIL CO., INC.			OCC/OTC	19500
*Well Name/No.	MARILYN 1-13			County	PAYNE
*Location	1/4 C NW 1/4 NE 1/4 NW 1/4	Sec	13	Twp	19N Rge 4W

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date					12/20/19	
*Size of Drill Bit (Inches)					7 7/8	
*Estimated % wash or hole enlargement used in calculations					25	
*Size of Casing (inches O.D.)					5 1/2	
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft.) from ground level					3785	
Type of Cement (API Class)					H	
In first (lead) or only slurry						
In second slurry						
In third slurry						
Sacks of Cement Used					105	
In first (lead) or only slurry						
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft)(14.X15.)					144	
In first (lead) or only slurry						
In second slurry						
In third slurry						
Calculated Annular Height of Cement behind pipe (ft)					3020	
Cement left in pipe (ft)					3	

\*Amount of Surface Casing Required (from Form 1000) 220' ft.

*Was cement circulated to Ground Surface? <u>    </u> Yes <u>  X  </u> No	*Was Cement Staging Tool (DV Tool) used? <u>    </u> Yes <u>  X  </u> No
*Was Cement Bond Log run? <u>  X  </u> Yes <u>    </u> No (If so, Attach Copy)	*If Yes, at what depth? <u>                    </u> ft

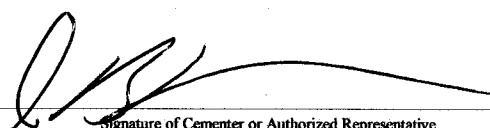
**CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM**

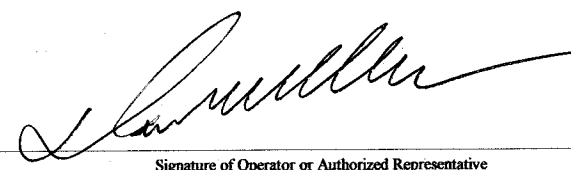
\* Designates items to be completed by Operator.

Items not so designated shall be completed by the Cementing Company.

Remarks
---------

*Remarks
----------

<b>CEMENTING COMPANY</b>
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 Cementer or Authorized Representative

<b>OPERATOR</b>
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)	J. B. Niccum - Manager	
Cementing Company	Oklahoma Cementing Cushing, LLC	
Address	P.O. Box 590	
City	Cushing	
State	OK	Zip 74023
Telephone (AC) Number	(918) 225-0688	
Date	20 Dec 2019	

Name & Title (Printed or Typed)	David Roberson, II, President	
*Operator	Roberson Oil Co., Inc.	
*Address	P O Box 8	
*City	Ada	
*State	OK	*Zip 74821
Telephone (AC) Number	580-332-6170	
*Date	1/15/2020	

#### 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.



# RECEIVED

Form 1002A  
Rev. 2009

API NO. **119-24444**  
OTC PROD. UNIT NO. **119-226480**

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  
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Rule 165:10-3-25

FEB 13 2020

☒ ORIGINAL  
☐ AMENDED (Reason) \_\_\_\_\_

## COMPLETION REPORT

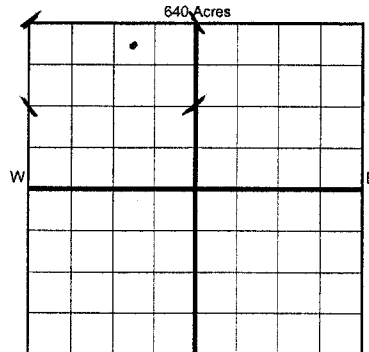
### TYPE OF DRILLING OPERATION

☒ STRAIGHT HOLE ☐ DIRECTIONAL HOLE ☐ HORIZONTAL HOLE  
☐ SERVICE WELL

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

COUNTY	Payne	SEC	13	TWP	19N	RGE	4E	SPUD DATE	12/15/19
LEASE NAME	MARILYN	WELL NO.	1-13	DATE OF WELL COMPLETION	1/07/20	1st PROD DATE	1/20/20	DRLG FINISHED DATE	12/18/19
C 1/4 NW 1/4 NE 1/4 NW 1/4		FSL OF 1/4 SEC	2310'	FWL OF 1/4 SEC	1650'	RECOMP DATE			
ELEVATION N Derrick	Ground	898'	Latitude (if known)	36.129077	Longitude (if known)	-96.831390247			
OPERATOR NAME	Roberson Oil Co., Inc.				OTC/OCC OPERATOR NO.	19500			
ADDRESS	PO Box 8								
CITY	Ada,	STATE	OK	ZIP	74821				

## OKLAHOMA CORPORATION COMMISSION



### COMPLETION TYPE

<input checked="" type="checkbox"/> SINGLE ZONE
<input type="checkbox"/> MULTIPLE ZONE
Application Date
COMINGLED
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	26#	J-55	252	3000	180	Surface
INTERMEDIATE							
PRODUCTION	5 1/2	15.50	J-55	3785	5000	105	2996'
LINER							
							TOTAL DEPTH 3800'

PACKER @ \_\_\_\_\_ BRAND & TYPE \_\_\_\_\_ PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_ PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_  
PACKER @ \_\_\_\_\_ BRAND & TYPE \_\_\_\_\_ PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_ PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_

### COMPLETION & TEST DATA BY PRODUCING FORMATION

**404 BRGS**

FORMATION	Burgess Sand						
SPACING & SPACING ORDER NUMBER	Not Spaced						
CLASS: Oil, Gas, Dry, Inj. Disp, Comm Disp, Svc	Oil						
PERFORATED INTERVALS	3700-3706'						
	4 spf						
ACID/VOLUME	750 Gals. 15% mca						
FRACTURE TREATMENT (Fluids/Prop Amounts)	411 Bbls water						
	15,000# 20/40 Sand						

*Reported to Frac Focus*

Min Gas Allowable (165:10-17-7)

Gas Purchaser/Measurer



OR

First Sales Date

Oil Allowable (165:10-13-3)

### INITIAL TEST DATA

INITIAL TEST DATE	1/20/2020				
OIL-BBL/DAY	137				
OIL-GRAVITY (API)	40 degrees				
GAS-MCF/DAY	30 mcf				
GAS-OIL RATIO CU FT/BBL	219:1				
WATER-BBL/DAY	-0-				
PUMPING OR FLOWING	Pumping				
INITIAL SHUT-IN PRESSURE	450 psi				
CHOKE SIZE					
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.

*David Roberson, II, pres.*  
SIGNATURE NAME (PRINT OR TYPE) DATE PHONE NUMBER  
PO Box 8, Ada, OK 74821 ROIL11@yahoo.com  
ADDRESS CITY STATE ZIP EMAIL ADDRESS

Give formation names and tops, if available, or descriptions and thickness of formations drilled through. Show intervals cored or drillstem tested.

WELL NO. 1-13

NAMES OF FORMATIONS	TOP
Osage-Layton	2120'
Checkerboard Lime	2785
Peru	3063
Big Lime	3108
Oswego	3175
Verdigris	3301
Lower Skinner	3394
Pink Lime	3424
Redfork	3437
Burgess	3700
Mississippi	3706

FOR COMMISSION USE ONLY	
ITD on file	<input type="checkbox"/> YES <input type="checkbox"/> NO
APPROVED	DISAPPROVED
2) Reject Codes	

Were open hole logs run? X yes      no

Date Last log was run 12/19/2019

Was CO<sub>2</sub> encountered?      yes X no at what depths?                     

Was H<sub>2</sub>S encountered?      yes X no at what depths?                     

Were unusual drilling circumstances encountered?      yes XX no

If yes, briefly explain below

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.

SEC	TWP	RGE	COUNTY
Spot Location		Feet From 1/4 Sec Lines	FSL
1/4	1/4	1/4	1/4
Measured Total Depth	True Vertical Depth	BHL From Lease, Unit, or Property Line:	

LATERAL #1							
SEC	TWP	RGE	COUNTY				
Spot Location		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				Feet From 1/4 Sec Lines	FSL	FWL
1/4	1/4	1/4	1/4			
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				Feet From 1/4 Sec Lines	FSL	FWL
1/4	1/4	1/4	1/4			
Depth of Deviation		Radius of Turn	Direction	Total Length		
Measured Total Depth		True Vertical Depth	BHL From Lease, Unit, or Property Line:			

# 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.

119-24444

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	ROBERSON OIL COMPANY, INC	OCC/OTC	19500
*Well Name/No.	MARILYN 1-13	County	PAYNE
*Location	1/4 C NW 1/4 NE 1/4 NW 1/4	Sec	13
		Twp	19N
		Rge	4E

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		12/15/19				
*Size of Drill Bit (Inches)		12 1/4				
*Estimated % wash or hole enlargement used in calculations		100				
*Size of Casing (inches O.D.)		8 5/8				
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft.) from ground level		252				
Type of Cement (API Class)		REG				
In first (lead) or only slurry						
In second slurry						
In third slurry						
Sacks of Cement Used		180				
In first (lead) or only slurry						
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft)(14.X15.)		213				
In first (lead) or only slurry						
In second slurry						
In third slurry						
Calculated Annular Height of Cement behind pipe (ft)		GL				
Cement left in pipe (ft)		30				

*Amount of Surface Casing Required (from Form 1000)	220'	ft.
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*Was cement circulated to Ground Surface? <u>X</u> Yes <u>    </u> No	*Was Cement Staging Tool (DV Tool) used? <u>    </u> Yes <u>X</u> No
*Was Cement Bond Log run? <u>    </u> Yes <u>X</u> No (If so, Attach Copy)	*If Yes, at what depth? <u>                    </u> 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
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*Remarks
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### 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 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)	J. B. Niccum - Manager		
Cementing Company	Oklahoma Cementing Cushing, LLC		
Address	P.O. Box 590		
City	Cushing		
State	OK	Zip	74023
Telephone (AC) Number	(918) 225-0688		
Date	16 Dec 2019		

Name & Title (Printed or Typed)	David Roberson, II President		
*Operator	ROBERSON OIL CO ., INC.		
*Address	PO Box 8		
*City	Ada		
*State	OK	*Zip	74821
Telephone (AC) Number	580-332-6170		
*Date	1/15/2020		

### INSTRUCTIONS

- 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.
  - An original of this form shall be filed with the Completion Report, (Form 1002A), for each cementing company used on a well.
  - The cementing of different casing strings on a well by one cementing company may be consolidated on one form.
- Cementing Company and Operator shall comply with the applicable portions of OAC 165:10-3-4.
- 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.

# 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.  
**119-24444**

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	<b>ROBERSON OIL CO., INC.</b>	OCC/OTC	19500
*Well Name/No.	<b>MARILYN 1-13</b>	County	<b>PAYNE</b>
*Location	<div style="display: flex; justify-content: space-around;"> <span>1/4 C NW 1/4</span> <span>NE 1/4</span> <span>NW 1/4</span> </div>	Sec	<div style="display: flex; justify-content: space-around;"> <span>13</span> <span>Twp 19N</span> <span>Rge 4W</span> </div>

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date					12/20/19	
*Size of Drill Bit (Inches)					7 7/8	
*Estimated % wash or hole enlargement used in calculations					25	
*Size of Casing (inches O.D.)					5 1/2	
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft.) from ground level					3785	
Type of Cement (API Class)					H	
In first (lead) or only slurry						
In second slurry						
In third slurry						
Sacks of Cement Used					105	
In first (lead) or only slurry						
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft)(14.X15.)					144	
In first (lead) or only slurry						
In second slurry						
In third slurry						
Calculated Annular Height of Cement behind pipe (ft)					3020	
Cement left in pipe (ft)					3	

\*Amount of Surface Casing Required (from Form 1000) 220' ft.

*Was cement circulated to Ground Surface? <u>    </u> Yes <u>X</u> No	*Was Cement Staging Tool (DV Tool) used? <u>    </u> Yes <u>X</u> No
*Was Cement Bond Log run? <u>X</u> Yes <u>    </u> No (If so, Attach Copy)	*If Yes, at what depth? <u>                    </u> ft

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

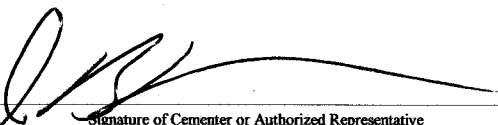
\* Designates items to be completed by Operator.  
Items not so designated shall be completed by the Cementing Company.

Remarks
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*Remarks
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### CEMENTING COMPANY

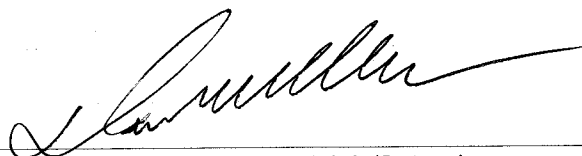
I declare under applicable Corporation Commission rule, that I am authorized to make certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct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



Signature of 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)	J. B. Niccum - Manager		
Cementing Company	Oklahoma Cementing Cushing, LLC		
Address	P.O. Box 590		
City	Cushing		
State	OK	Zip	74023
Telephone (AC) Number	(918) 225-0688		
Date	20 Dec 2019		

Name & Title (Printed or Typed)	David Roberson, II, President		
*Operator	Roberson Oil Co., Inc.		
*Address	P O Box 8		
*City	Ada		
*State	OK	*Zip	74821
Telephone (AC) Number	580-332-6170		
*Date	1/15/2020		

### INSTRUCTIONS

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