#### Oklahoma Corporation Commission Oil & Gas Conservation Division Post Office Box 52000 Oklahoma City, Oklahoma 73152-2000 Rule 165: 10-3-25

API No.: 35119244440000

Well Name: MARILYN 1-13

Drill Type:

Location:

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

STRAIGHT HOLE

PAYNE 13 19N 4E

C NW NE NW

#### **Completion Report**

Spud Date: December 15, 2019

Drilling Finished Date: December 18, 2019 1st Prod Date: January 20, 2020 Completion Date: January 07, 2020

Purchaser/Measurer:

First Sales Date:

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

2310 FSL 1650 FWL of 1/4 SEC

Latitude: 36.129077 Longitude: -96.831390247 Derrick Elevation: 0 Ground Elevation: 898

Co	ompletion Type	Location Exception	Increased Density
X Sin	igle Zone	Order No	Order No
Mul	Itiple Zone	There are no Location Exception records to display.	There are no Increased Density records to display.
Cor	mmingled		

				С	asing and Cen	nent				
1	Гуре		Size	Weight	Grade	Fe	et	PSI	SAX	Top of CMT
SUI	RFACE		8 5/8	26	J-55	25	52	3000	180	SURFACE
PROE	DUCTION		5 1/2	15.50	J-55	37	85	5000	105	2996
					Liner					
Туре	Size	Weigl	ht	Grade	Length	PSI	SAX	Тор	Depth	Bottom Depth
	8			There are	no Liner record	ls to displa	ay.			

# Total Depth: 3800

Pac	ker	PI	ug
Depth	Brand & Type	Depth	Plug Type
There are no Packe	r records to display.	There are no Plug	records to display.

				Initial Tes	t 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		

Formation N	ame: BURGESS	Code: 404BRGS	Class: OIL
Spacing	Orders	Perforated In	tervals
Order No	Unit Size	From	То
NOT SPACED		3700	3706
Acid Vo	lumes	Fracture Trea	Itments
750 GALLON	S 15% MCA	411 BARRELS WATER, 15,00	0 POUNDS 20/40 SAND

2120
3063
3108
3175
3301
3394
3424
3437
3700
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

Status: Accepted

1144771

API 110 01111	PLEASE TYPE OR USE						REC	追り	VED	
NO. 119-24444	NOT	E:	0		ORPORATIO Conservatio	N COMMISSION	Fr	<b>n</b> 1 0	0000	Fo
OTC PROD UNIT NO. 119-2264	Attach copy of ori if recompletion			Pos	Office Box 5	2000	t-E	B 1 3	2020	
X ORIGINAL AMENDED (Reason)	Il recompision	Ji leentry.		I	ity, Oklahoma Rule 165:10-3 PLETION RE		OKLAHOM			
TYPE OF DRILLING OPERAT	TION		epup				, CO	640 Acres		
X STRAIGHT HOLE	DIRECTIONAL HOLE	HORIZONTAL HOLE		FINISHED	2/15/1		•			1
	reverse for bottom hole location.		DATE		12/18					1
COUNTY Payne	SEC 13 TW	P19N RGE 4E	COME	OF WELL PLETION	<u>1/07/2</u>	20	.	1		-
LEASE NAME MARILYN		NO. 1-	13 1st PF	ROD DATE	1/20/2	20				-
C 1/4 6 NW1/4 N	E <sup>1/4</sup> NW 1/4 FSL OF 23	810' FWL OF 16.	50'RECO	MP DATE		w				E
ELEVATIO Grou	und 898 Latitude (if kr	10wn) 36 - 1290		wn)-96.	831390	247				
OPERATOR Roberso	n Oil Co., Inc		0.7.0.0.0.0	RNO. 19.	the second s					
ADDRESS PO BOX	8	•	OPERATOR	RNO. 19.	500					
CITY Ada,		STATE ()	V		7/.001					1
					74821		Ļ,	OCATE WE	ill.	
X SINGLE ZONE		CASING & CEMEN	SIZE	02C must be WEIGHT	GRADE	FEET	PSI	SAX	TOP OF CMT	1
MULTIPLE ZONE Application Date		CONDUCTOR								1
COMMINGLED Application Date		SURFACE	8 5/8	26#	J <b>-</b> 55	252	3000	190	Surface	
LOCATION EXCEPTION ORDER		INTERMEDIATE	5,0	201	5 55	2.72	5000	100	Jurrace	
INCREASED DENSITY ORDER NO.		PRODUCTION	5 1/2	15.5	) T-55	3785	5000	105	2996'	
	· · · · · · · · · · · · · · · · · · ·	LINER	/ 2			5705	5000	TOD	2990	1
PACKER @BRA		PLUG @	TYPE					TOTAL	3800'	
PACKER @ BRA		 PULG @	TYPE			TYPE TYPE		DEPTH	5000	1
	A BY PRODUCING FORMAT	10N 404 BY	RG-S			······································				.1
FORMATION SPACING & SPACING	Burgess Sand							¢	eforted	ľ
ORDER NUMBER CLASS: Oil, Gas, Dry, Inj.	Not Spaced							4	FracFoo	145
Disp, Comm Disp, Svc	Oil									1
PERFORATED	3700-3706'									
NTERVALS	4 spf									
	750 0-1- 15%									
ACID/VOLUME	750 Gals. 15%				· ·					
FRACTURE TREATMENT	411 Bbls wate						· · · · · · · · · · · · · · · · · · ·			
Fluids/Prop Amounts)	15,000# 20/40	Sand								
		·								l
	Min Gas Allo OR	wable (165:	10-17-7)		Gas Pur First Sai	chaser/Measurer				,
NITIAL TEST DATA	Oil Allowable	(165:10-13-3)								
NITIAL TEST DATE	1/20/2020									
DIL-BBL/DAY	137									
DIL-GRAVITY ( API)	40 degrees									
SAS-MCF/DAY	30 mcf									
GAS-OIL RATIO CU FT/BBL	4 219:1									
VATER-BBL/DAY	-0-			·····						
UMPING OR FLOWING	Pumping									
NITIAL SHUT-IN PRESSURE	450 psi									
	L									
LOW TUBING PRESSURE										
/										
to make this report, which yas	er though, and pertinent remarks								mouge and benal.	
Xam		David R	oberso	on, II	, pres	2	+11-20	580-3	332 <b>-</b> 6170 ONE NUMBER	
PO Box 8,	UKE					11 Qualas	DATE	PH	ONE NUMBER	
ADDRE	SS	Ada,	OK STATE	<u>74821</u>	_ 1011	_11@yahoo				

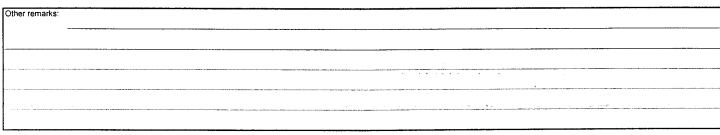
1

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 drillstern tested.

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

LEASE NAME	MARILYN			WEL	l NO. <b>1-13</b>
		FOI	R COMMIS	SION USE ONLY	· · ·
ITD on file APPROVED	UISAPPRO	VED	2) Reject	Codes	
			<u></u>	·····	
Were open hole Date Last log wa	-	<u>x</u> yes 12/1		19	
Was CO <sub>2</sub> encou			<u>X</u> no	at what depths?	•
Was H₂S encou	ntered?	yes	X no	at what depths?	
Were unusual dr If yes, briefly exp	rilling circumstance plain below	s encountere	d?		yes XXno
			······································		



# 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.

		0407	Acres	 	
	h			 	

BOTTOM HOLE LOCATION FOR DIRECTIONAL HOLE

SEC	TWP	RGE	COUN	TΥ			
Spot Lo	cation 1/4	1/4	1/4	1/4	Feet From 1/4 Sec Lines	FSL	FWL
Measure	ed Total Depth	Tru	e Vertical Depth		BHL From Lease, Unit, or Pro	operty Line:	

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (LATERALS)

SEC	TWP	RGE		COUNTY			
Spot Loc	cation 1/4	1/4	1/4	1/4	Feet From 1/4 Sec Lines	FSL	FWL
Depth of Deviation		.//4	Radius of Turn		Direction	Total	
	d Total Depth		True Vertical De	pth	BHL From Lease, Unit. or Pro	operty Line:	

LATERAL #

SEC TWP	RGE		COUNTY			
Spot Location 1/4	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 Dept	h	True Vertical Dep	oth	BHL From Lease, Unit, or Pr	operty Line:	

LATERA	L #3						
SEC	TWP	RGE		COUNTY			
Spot Loc	ation 1/4	1/4	1/4	1/4	Feet From 1/4 Sec Lines	FSL	FWL
Depth of Deviation			Radius of Turn		Direction	Total Length	
Measure	Deviation Measured Total Depth		True Vertical De	pth	BHL From Lease, Unit, or Property Line:		

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OKLAHOMA CORPORATION COMMISSION

Oil & Gas Conservation Division

Post Office Box 52000 Oklahoma City, Oklahoma 73152-2000

OAC 165:10-3-4(i)

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.

Operator	ROBERSON	DIL COMPANY	, INC		19500	19500		
Well Name/No.	MAR	ILYN 1-13			County	PA	YNE	
Location 1/4 C NW 1/4	NE 1 /4 NW	1 /4 Sec	13	Тwp	19N	Rge	4E	
Cement Casing Data	Conductor Casing 1/P	Surface Casing	Alternativ Casing	e In	itermediate 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) In first (lead) or only slurry		REG						
In second slurry		· · · · · · · · · · · · · · · · · · ·				<u></u>		
in third slurry						, , , ,	1	
Sacks of Cement Used		180					1	
In first (lead) or only slurry In second slurry					1	<u></u>		
in third slurry						· · · ·	1	
Vol of slurry pumped (Cu ft)(14.X15.) In first (lead) or only slurry		213				-		
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 100	))	220'	ft.					
*Was cement circulated to Ground Surface?	X Yes	No	*Was Cement Sta	iging Tool (D'	V Tool) used?	Yes	X_No	
*Was Cement Bond Log run? Yes	No (If s	o, Attach Copy)	*If Yes, at what d				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.

API No.

•

TYPE OR USE BLACK INK ONLY

119-24444

Remarks	*Remarks				
CEMENTING COMPANY	OPERATOR				
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 on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only.	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 Cementer or Authorized Representative	Signature of Operator or Authorized Representative				
Name & Title	Name & Title				
(Printed or Typed) J. B. Niccum - Manager	(Printed or Typed) David Roberson, II President				
Company Oklahoma Cementing Cushing, LLC	*Operator ROBERSON OIL CO ., INC.				
Address P.O. Box 590	*Address PO Box 8				
City Cushing	*City Ada				
State OK <sup>Zip</sup> 74023	*State OK <sup>*Zip</sup> 74821				
Telephone (918) 225–0688	Telephone (AC) Number 580-332-6170				
Date 16 AQC2019	*Date 1/15/2020				
	UCTIONS				

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.

OKLAHOMA CORPORATION COMMISSION

Oil & Gas Conservation Division

Post Office Box 52000 Oklahoma City, Oklahoma 73152-2000

OAC 165:10-3-4(i)

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.

					Т	YPE OR U	SE BLACK INI	K ONLY				
*Operator				RO	BERSON	OIL CO.	, INC.		OCC/OTC	19500		
*Well Name/No.				··· · · · · · · · · · · · · · · · · ·	MARILYN	1-13			County	P	AYNE	
*Location	1 /4	С	NW <sup>1 /4</sup>	NE <sup>1/4</sup>	NW <sup>1/4</sup>	Sec	13	Тwp	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) In first (lead) or only slurry					H	
In second slurry				· · ·		
In third slurry						
Sacks of Cement Used In first (lead) or only slurry	· · · · · · · · · · · · · · · · · · ·				105	
In second sturry						
In third slurry						
Vol of slurry pumped (Cu ft)(14.X15.) In first (lead) or only slurry	· · · · · · · · · · · · · · · · · · ·				144	
In second slurry						
In third slurry						
Calculated Annular Height of Cement behind pipe (ft)					3020	
Cement left in pipe (ft)					3	

*Was cement circulated to Ground	Surface?	Yes	X No	*Was Cement Staging Tool (DV Tool) used? Yes 2	XNo
*Was Cement Bond Log run?	<u>X</u> Yes	No (lf	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.

API No.

119-24444

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Remarks Remarks **OPERATOR CEMENTING COMPANY** I declare under applicable Corporation Commission rule, that I am authorized to 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 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 was performed by me or under my supervision, and that the cementing data and are true, correct and complete to the best of my knowledge. This certification facts presented on both sides on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only. covers all well data and information presented herein. wullu ature of Cementer or Authorized Representative Signature of Operator or Authorized Representative ame Name & Title J. B. Niccum - Manager David Roberson, II, President (Printed or Typed) ited or Typed) Cementing Operator Oklahoma Cementing Cushing, LLC Roberson Oil Co., Inc. Company P.O. Box 590 P O Box 8 Address \*Address City Cushing \*City Ada \*Zip Zip State OK 74023 OK 74821 \*State Telephone Telephone (918) 225-0688 580-332-6170 (AC) Number (AC) Number Date 1/15/2020 \*Date INSTRUCTIONS

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 commenting of different casing strings on a well by one commenting company may be consolidated on one form.

2. Cementing Company and Operator shall comply with the applicable portions of OAC 165:10-3-4.

							REC	同	VED	
<sup>API</sup> 119-24444	PLEASE TYPE OR USE		OK	LAHOMA C	ORPORATION CO					Form Rev
OTC PROD UNIT NO. 119-2264	BO Attach copy of or if recompletion			Pos	Conservation Div Office Box 52000 ity, Oklahoma 731		FEI	313	2020	
X ORIGINAL AMENDED (Reason)	······		-	1	Rule 165:10-3-25		OKLAHOM	A CORF		
TYPE OF DRILLING OPERAT		HORIZONTAL HOLE	SPUD	DATE 1	2/15/19	7 4	<u> </u>	640 Acres		1
SERVICE WELL	reverse for bottom hole location.			FINISHED	12/18/1		•			
COUNTY Payne		19N RGE 4E	DATE	OF WELL	1/07/20					
LEASE NAME MARILYN		WELL			1/20/20	[				
	E <sup>1/4</sup> NW <sup>1/4</sup> FSL OF 2			MP DATE	1/20/20	w				E
		nown)36.12907		ude_Q6	83139024	7				
	n Oil Co., Inc		OTOLOGO	<sub>wn)</sub> 50. RNO. 19.		<u>'</u>				
ADDRESS PO BOX	8	~•	OPERATO	RNO. 19.	500	-  [				
city Ada,		STATE OF	7	71P	74821	- I				
COMPLETION TYPE		CASING & CEMEN					L	OCATE WE	LL	
X SINGLE ZONE		TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP OF CMT	
MULTIPLE ZONE Application Date		CONDUCTOR								
COMMINGLED Application Date LOCATION		SURFACE	8 5/8	26#	J <b>-</b> 55	252	3000	180	Surface	
EXCEPTION ORDER		INTERMEDIATE								
ORDER NO.		PRODUCTION	5 1/2	15.5	) J <b>-</b> 55	3785	5000	105	2996'	
		LINER						OTAL	20001	
PACKER @ BRAI	ND & TYPE	_PLUG @ PLUG @	TYPE	·····	PLUG @			DEPTH	3800'	
		10N 404 BA	G-S							
FORMATION SPACING & SPACING	Burgess <del>Sand</del>	1						¢	oported	1
ORDER NUMBER CLASS: Oil, Gas, Dry, Inj.	Not Spaced								oforter Fractoc	45
Disp, Comm Disp, Svc	0i1									
PERFORATED	3700-3706'						······································	· .		
INTERVALS	4 spf									
ACID/VOLUME	750 Gals. 15%	mca								
	411 Bbls wate						****			
FRACTURE TREATMENT (Fluids/Prop Amounts)	15,000# 20/40									
	Min Gas Ailc	wable (165:1	0-17-7)		Gas Purchas	er/Measurer		<sup>1</sup>	· · · · · · · · · · · · · · · · · · ·	
INITIAL TEST DATA	OR Oil Allowabl	e (165:10-13-3)			First Sales D	ate				
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	<u>، 21</u> 9:1									
WATER-BBL/DAY	-0-									
PUMPING OR FLOWING	Pumping									
INITIAL SHUT-IN PRESSURE	450 psi									
CHOKE SIZE										
FLOW TUBING PRESSURE	f									
A record of the formations drill to make this people, which was	er though, and pertinent remark	s are presented on the re ervision and direction, wi	everse. I dec	clare that I ha	ve knowledge of th	e contents of th	s report and am a	uthorized by	/ my organization	
X MO	WW									
SIGNAT	URE	David Ro					DATE	PHO	332-6170 DNE NUMBER	
PO Box 8,	SS	Ada,	OK STATE	74821	ROIL11	l@yahoo		-55	· · · · · · · · · · · · · · · · · · ·	

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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.

NAMES OF FORMATIONS	ТОР
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

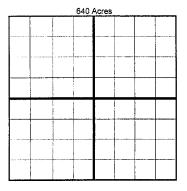
		FC	R COMMIS	SION USE ONLY	
TD on file	DISAF	PROVED	2) Reject	Codes	
Vere open hole	-	<u>X</u> yes		19	
Vere open hole Date Last log w Vas CO2 enco	as run	12/		19 at what depths?	
Date Last log w	as run untered?		19/20	at what depths?	

6

Other remarks:

#### BOTTOM HOLE LOCATION FOR DIRECTIONAL HOLE

SEC	TWP	RGE		COUNTY	<u></u>		
Spot Loca	ition 1/4	1/4	1/4	1/4	Feet From 1/4 Sec Lines	FSL	FWL
Measured	Total Depth		True Vertical De	pth	BHL From Lease, Unit, or Pro	perty Line:	



If more than three drainholes are proposed, atlach 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.

	04U /	Acres		

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (LATERALS)

SEC	TWP	RGE		COUNTY			1
Spot Loc	cation 1/4	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 De	oth	BHL From Lease, Unit, or Pr	operty Line:	

LATERAL #2

LAICKAL	#4						
SEC	TWP	RGE		COUNTY			
Spot Locati	on 1/4	1/4	1/4	1/4	Feet From 1/4 Sec Lines	FSL	FWL
Depth of	(/+		Radius of Turn		Direction	Total	
Deviation						Length	
Measured	Total Depth		True Vertical De	pth	BHL From Lease, Unit, or Pro	operty Line:	

LATERAL SEC	TWP	RGE	·····	COUNTY			
Spot Loca	ation 1/4	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 D	epth	BHL From Lease, Unit, or Pr	operty Line:	

OKLAHOMA CORPORATION COMMISSION

Oil & Gas Conservation Division

Post Office Box 52000 Oklahoma City, Oklahoma 73152-2000

OAC 165:10-3-4(i)

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**TYPE OR USE BLACK INK ONLY** 

*Operator	ROBER	IL CO	occ/or	осслотс 19500							
*Well Name/No.	MARILYN 1-13						County		PAYNE		
*Location 1 /4 C NW 1 /4	NE 1 /4 NW		1 /4 Sec		13	Тwp	19N		Rge	4E	
Cement Casing Data	Conduc Casir	ctor Ig NA		rface sing	Alternative Casing	e	Intermediate Casing		oduction String	Liner	
Cementing Date			12/	15/19							
*Size of Drill Bit (Inches)			12	1/4							
*Estimated % wash or hole enlargement used in calculations			1	00							
*Size of Casing (inches O.D.)			8	5/8							
*Top of Liner (if liner used) (ft.)											
*Setting Depth of Casing (ft.) from ground level			2	52							
Type of Cement (API Class) In first (lead) or only shurry			R	EG			· · · · ·				
In second slurry									· ·		
In third slurry							*****		· · · · ·		
Sacks of Cement Used In first (lead) or only slurry			1	80					· · · ·		
in second slurry											
In third slurry											
Vol of slurry pumped (Cu ft)(14.X15.) In first (lead) or only slurry			2	13							
in second sturry											
in third slurry											
Calculated Annular Height of Cement behind pipe (ft)			C	SL			······································				
Cement left in pipe (ft)			3	30	-						
Amount of Surface Casing Required (from Form 100			22	0							

*Was cement circulated to Ground Surface	?	X Yes	No	*Was Cement Staging Tool (DV Tool) used?	Yes	<u>X</u> No
*Was Cement Bond Log run?	Yes	No (If s	o, 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.

API No.

119-24444

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Form 1002C Rev. 2012

Remarks	۰					
INCHAINS	*Remarks					
Lann						
CEMENTING COMPANY	OPERATOR					
I declare under applicable Corporation Commission rule, that I am authorized to	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	make this certification, that I have knowledge of the well data and information					
was performed by me or under my supervision, and that the cementing data and facts presented on both sides on both sides of this form are true, correct and	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					
complete to the best of my knowledge. This certification covers cementing data only.	covers all well data and information presented herein.					
1 · · · · · · · · · · · · · · · · · · ·						
	Maria					
	Vm					
Signature of Cementer or Authorized Representative	Signature of Operator or Authorized Representative					
Name & Title	Name & Title					
(Printed or Typed) J. B. Niccum - Manager	(Printed or Typed) David Roberson, II President					
Comparing	*Onerator					
Company Oklahoma Cementing Cushing, LLC	ROBERSON OIL CO ., INC.					
Address P.O. Box 590	*Address PO Box 8					
City Cushing	• <sup>city</sup> Ada					
State OK <sup>Zip</sup> 74023	*State OK *Zip 74821					
Telephone (918) 225–0688	Telephone 580-332-6170					
Date $6 19 2017$	*Date 1/15/2020					
	ICTIONS					

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.

**OKLAHOMA CORPORATION COMMISSION** 

Oil & Gas Conservation Division

Post Office Box 52000 Oklahoma City, Oklahoma 73152-2000

OAC 165:10-3-4(i)

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.

		TYPI	E OR USE B	LACK INK O	DNLY				
*Operator	ROBE	RSON OII	_ CO., I	NC.		осс/отс	2 19500		
*Well Name/No.	MA	RILYN 1-	13	Count			nty PAYNE		
*Location 1 /4 C NW 1 /4	NE <sup>1 /4</sup>	NW <sup>1/4</sup> S	ec	13	Тwp	19N	Rge	4W	
Cement Casing Data	Conductor Casing		face sing	Alternative Casing		ermediate 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) In first (lead) or only slurry							Н		
In second slurry				<u> </u>			, , , , , , , , , , , , , , , , , , ,		
In third slurry							· · · · · · · · · · · · · · · · · · ·	······································	
Sacks of Cement Used In first (lead) or only slurry							105		
In second slurry									
In third slurry									
Vol of slurry pumped (Cu ft)(14.X15.) In first (lead) or only slurry				·····			144		
In second slurry			-1						
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?	Yes	X No	*V	Vas Cement Stagi	ing Tool (DV	Fool) used?	Yes	X No	
*Was Cement Bond Log run? X Yes		f so, Attach Copy		Yes, at what de		,		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.

Form 1002C Rev. 2012

api no. 119-24444

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Remarks \*Remarks **CEMENTING COMPANY OPERATOR** I declare under applicable Corporation Commission rule, that I am authorized to 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 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 was performed by me or under my supervision, and that the cementing data and are true, correct and complete to the best of my knowledge. This certification facts presented on both sides on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only covers all well data and information presented herein. mullu Signature of Operator or Authorized Representative nature of Cementer or Authorized Representative Name & Title J. B. Niccum - Manager David Roberson, II, President (Printed or Typed) d or Typed) ementing \*Operator Oklahoma Cementing Cushing, LLC Roberson Oil Co., Inc. Company P.O. Box 590 P O Box 8 Address \*Address City Cushing \*City Ada \*Zip Zip OK 74023 OK 74821 \*State State Telephone Telephone (918) 225-0688 580-332-6170 (AC) Number (AC) Number 1/15/2020 \*Date INSTRUCTIONS

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.