

AP# No.
081-23561
OCC/OCC Operator No.
20585

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)

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
*Operator <i>New Dominion</i>		OCC/OCC Operator No 20585
*Well Name/No. <i>Mazkoofi #1</i>		County Lincoln
*Location ___ 1/4 C ___ 1/4 NW ___ 1/4 SW ___ 1/4	Sec 2	Twp 12N Rge 5E

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date						
*Size of Drill Bit (Inches)						
*Estimated % wash or hole enlargement used in calculations						
*Size of Casing (inches O.D.)				7		
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft.) from ground level				4582		
Type of Cement (API Class)				Premium		
In first (lead) or only slurry						
In second slurry						
In third slurry						
Sacks of Cement Used				200		
In first (lead) or only slurry						
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft) (14.X15.)				240		
In first (lead) or only slurry						
In second slurry						
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft)				850		
Cement left in pipe (ft)				0-F.S.		

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

*Was cement circulated to Ground Surface ___ Yes ___ No <input checked="" type="checkbox"/>	*Was Cement Staging Tool (DV Tool) used? ___ Yes ___ No <input checked="" type="checkbox"/>
*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.

