

API No
119-23712
 OTC/OCC Operator No.
15136-0

CEMENTING REPORT
 To Accompany Completion Report

Form 1002C
 Rev. 1965

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

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(n). 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 **1**
 *Operator
HELTON OIL CO. OCC/OTC Operator No **15136-0**
 *Well Name/No.
KIRBY #28-2 County **Payne**
 *Location
1/4 C 1/4 SE 1/4 NE 1/4 SW Sec **28** Twp **19N** Rge **01W**

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production string	Liner
Cementing Date		8-15-04			8-26-04	
*Size of Drill Bit (Inches)		12.25"			7 3/8	
*Estimated % wash or hole enlargement used in calculations		80%			25%	
*Size of Casing (inches O.D.)		8 5/8"			4 1/2	
*Top of Liner (if liner used) (ft.)		—			—	
*Setting Depth of Casing (ft.) from ground level		380'			2100	
Type of Cement (API Class) in first (lead) or only slurry		A			A	
In second slurry		—			—	
In third slurry		—			—	
Sacks of Cement Used in first (lead) or only slurry		370			145	
In second slurry		—			—	
In third slurry		—			—	
Vol of slurry pumped (Cu ft)(14 X 15) in first (lead) or only slurry		318			170	
In second slurry		—			—	
In third slurry		—			—	
Calculated Annular Height of Cement behind Pipe (ft)		SURFACE			450	
Cement left in pipe (ft)		40			41	

*Amount of Surface Casing Required (from Form 1000) **370** ft.

*Was cement circulated to Ground Surface? Yes No
 *Was Cement Slugging 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

CEMENTING COMPANY

I declare under applicable Corporation Commission rule, that I am authorized to make this 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.

Eric Parsons

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.

John R. Helton

Signature of Operator or Authorized Representative

Name & Title Printed or Typed
ERIC PARSONS

Cementing Company
Superior Well Services

Address
P.O. BOX 460

City
CLEVELAND

State Zip
OK 74020

Telephone (AC) Number
(918) - 358 - 5544

Date
8-26-04

Name & Title Printed or Typed
JOHN HELTON, OWNER

Operator
HELTON OIL CO.

Address
P.O. Box 7283

City
EDMOND

State Zip
OKLA 73083

Telephone (AC) Number
405-615-5500

Date
4-20-07

INSTRUCTIONS

- 1 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 hole.
- 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).
- 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(h).
- 4 IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW CORPORATION COMMISSION RULES.

APLN No. 119-23712
OTC/OCC Operator No. 15136-0

CEMENTING REPORT
To Accompany Completion Report

Form 1002C
(Rev. 2001)

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Post Office Box 5200
Oklahoma City, Oklahoma 73152-200
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 performed.

TYPE OR USE BLACK INK ONLY

*Field Name ?	OCC District 1
*Operator Helton Oil	OCC/OTC Operator No. 15136-0
*Well Name/No. Kirby #28-2	County Payne
*Location 1/4 1/4 1/4 1/4	Sec 28
	Twp 19N
	Rgc 01W

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		8-15-04				
*Size of Drill Bit (Inches)		12 1/4"				
*Estimated % wash or hole enlargement used in calculation		80				
*Size of Casing (inches O.D.)		8 5/8"				
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft. from ground level)		371'				
Type of Cement (API Class) in first (lead) or only slurry		A				
In second slurry						
In third slurry						
Sacks of Cement Used in first (lead) or only slurry		270				
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft)(14X15) in first (lead) or only slurry		318				
In second slurry						
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft)		371'				
Cement left in pipe (ft)		40'				

*Amount of Surface Casing Required (from Form 1001) _____ 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 type="checkbox"/> No
*Was Cement Bond Log run <input type="checkbox"/> Yes <input 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

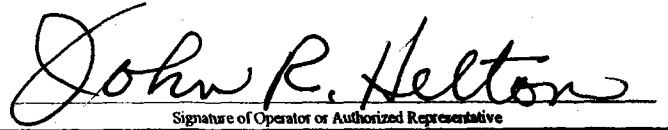
I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct 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	
Joe E. Smith - President	
Cementing Company	
Oklahoma Qilwell Cementing Co., Inc.	
Address	
P.O. Box 967	
City	
Cushing	
State	Zip
Oklahoma	74023
Telephone (AC) Number	
(918) 225-3040	
Date	
8-16-04	

*Name & Title Printed or Typed	
JOHN HELTON, OWNER	
*Operator	
HELTON OIL CO.	
*Address	
P.O. Box 7283	
*City	
EDMONO	
*State	*Zip
OK	73083
*Telephone (AC) Number	
405-615-5500	
*Date	
4-20-07	

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