

API No. **083-23869 A**
 OTC/OCC Operator No. **21997-0**

CEMENTING REPORT
 To Accompany Completion Report

Form 1002C
 (Rev. 2001) 1/2

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

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(b). 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 WEST MULHALL	OCC District II
*Operator SUPERIOR OIL & GAS CORP	OCC/OTC Operator No. 21997-0
*Well Name/No. CHICKIE # 1-23	County LOGAN
*Location SE 1/4 NE 1/4 NW 1/4 NW 1/4	Sec 23 Twp 18N Rge 3W

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date					1-5-08	
*Size of Drill Bit (Inches)						
*Estimated % wash or hole enlargement used in calculation:						
*Size of Casing (Inches O.D.)					5 1/2	
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft. from ground level)					7038	
Type of Cement (API Class) in first (lead) or only slurry:					50/50 Poz	
In second slurry					"H"	
In third slurry						
Sacks of Cement Used in first (lead) or only slurry:					200	
In second slurry					100	
In third slurry						
Vol of slurry pumped (Cu ft)(14 X 15) in first (lead) or only slurry:					252	
In second slurry					118	
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft)					5050'	
Cement left in pipe (ft)					40'	

*Amount of Surface Casing Required (from Form 1001) **250 ft.**

*Was cement circulated to Ground Surface: <input 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

319

2/2

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.

Lance E. Berry
Signature of Cementing Company 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.

Ted Allen
Signature of Operator or Authorized Representative

Name & Title Printed or Typed LANCE E. BERRY, MGR.	
Cementing Company ACIDIZING & CEMENTING SERVICES	
Address P.O. BOX 751	
City CRESCENT	
State OKLA.	Zip 73028
Telephone (AC) Number (405) 969-3093	
Date 1-5-08	

Name & Title Printed or Typed TED ALLEN Operations Manager	
*Operator Superior Oil & Gas Corp	
*Address 844 S. WALBURN	
*City Calumet	
*State OK	*Zip 73014
*Telephone (AC) Number 405-884-2080	
*Date 1/25/09	

INSTRUCTIONS

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

Cleveland
Charles -

912-857 3876
358-5544

API No.
083-23869 A

OTC/OCC Operator No.
21997-0

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 Superior Oil & Gas	OCC District 2
*Operator	OCC/OTC Operator No. 21997-0
*Well Name/No. Chickie #1	County Logan
*Location SE 1/4 NE 1/4 NW 1/4 NW 1/4	Sec 23 Twp 18N Rge 3W

Cement Casing Data	Conductor	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		12/20/2007				
*Size of Drill Bit (Inches)		12 1/4				
*Estimated % wash or hole enlargement used in calculations		10				
*Size of Casing (Inches O.D.)		8 5/8				
Setting Depth of Casing (ft.) from ground level		400				
Type of Cement (API Class)		A-1				
In first (lead) slurry		A				
In second slurry						
In third slurry						
Vol of Cement Used		150				
In first (lead) or only slurry						
In second slurry		125				
In third slurry						
Vol of slurry pumped (Cu ft)(14.X15)		275				
In first (lead) or only slurry						
In second slurry		17				
In third slurry						
Calculated Annular Volume of Cement behind casing		44.64				
Cement left in pipe (ft)						

_____ ft

*Was cement circulated to Ground Surface?	Yes <input checked="" type="checkbox"/> X	No <input type="checkbox"/>	*Was Cement Slurry Test (W/ Test) used?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> X
*Was Cement Slurry used?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> X			

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

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[Signature]
Signature of Cementer or Authorized Representative

OPERATOR

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 all well data and information presented herein.

[Signature]
Signature of Operator or Authorized Representative

Name of Well (Printed or Typed)	
Charles Spracklen Field Supervisor	
Superior Well Services	
Address	
PO BOX 460	
City	
Cleveland	
State	Zip
Oklahoma	74020
Telephone (AC) Number	
918-358-5544	
Date	
12/20/2007	

Name of Well (Printed or Typed)	
TED AIKEN AGENTS	
*Operator	
Superior Oil & Gas Corp	
*Address	
844 S Walbaum	
*City	
Calumet	
*State	*Zip
OK	73014
*Telephone (AC) Number	
405-884-2080	
*Date	
12/20/07	

INSTRUCTIONS

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 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 OTHER APPLICABLE OTHER THAN THE CIVIL LIABILITY OR SURFACE CASING, BE SURE TO FOLLOW CORPORATION COMMISSION RULES.