

API No.
083-23870
 OTC/OCC Operator No.
01997-0

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 II
*Operator WEST Mulhall		OCC/OTC Operator No. 21997-0
*Well Name/No. Gayla 1-14		County Logan
*Location NW 1/4 SE 1/4 SE 1/4 SW 1/4	Sec 14	Twp 18N
		Rge 3W

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		2/9/2008				
*Size of Drill Bit (Inches)						
*Estimated % wash or hole enlargement used in calculations		30%				
*Size of Casing (inches O.D.)		5 1/2				
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft.) from ground level		7020				
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		112				
In second slurry		124				
In third slurry						
Vol of slurry pumped (Cu ft)(14.X15.) in first (lead) or only slurry		40				
In second slurry		34				
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft)		2271.84				
Cement left in pipe (ft)		36				

*Amount of Surface Casing Required (from Form 1000) **250** ft.

*Was cement circulated to Ground Surface? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	*Was Cement Staging Tool (DV Tool) used? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
*Was Cement Bond Log run? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	*If Yes, at what depth? <input type="text"/> 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.

Clifford Hayes
Signature of Cemente 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.

Ted Allen
Signature of Operator or Authorized Representative

Name & Title Printed or Typed	
Clifford Hayes Service Supervisor	
Superior Well Services	
Address	
PO BOX 460	
City	
Cleveland	
State	Zip
Oklahoma	74020
Telephone (AC) Number	
918-358-5544	
Date	
2/9/2008	

*Name & Title Printed or Typed	
TED ALLEN Oper. Manager	
*Operator	
SUPERIOR OIL & GAS CORP	
*Address	
844 S. WALBAUM	
*City	
CALUMET	
*State	*Zip
OK	73014
*Telephone (AC) Number	
405-834-2080	
*Date	
2/12/08	

INSTRUCTIONS

- 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.
- 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.**

Asst No
093-23070
 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 5200
 Oklahoma City, Oklahoma 73152-200
 OAC 165:10-3-4(b)

All operators must include this form when submitting the Completion Report, (Form 1002A). The signature on it 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. GAYLA #1-14	County LOGAN
*Location NW 1/4 SE 1/4 SE 1/4 SW 1/4	Sec 14 Twp 18N Rge 3W

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		1-24-08				
*Size of Drill Bit (Inches)						
*Estimated % wash or hole enlargement used in calculation	30%	100%				
*Size of Casing (Inches O.D.)	5	8 5/8				
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft. from ground level)		415	Per 1002A			
Type of Cement (API Class; in first (lead) or only slurry)		LITE	7-30-09 SDV			
In second slurry		H				
In third slurry		4 1/2				
Sacks of Cement Used in first (lead) or only slurry		150				
In second slurry		100				
In third slurry						
Vol of slurry pumped (Cu ft)(14X15. in first (lead) or only slurry		231				
In second slurry		118				
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft)		367				
Cement left in pipe (ft)		46				

*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: <input type="text"/> 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 2/2

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 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.

Jim 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	

Name & Title Printed or Typed TED ALLEN	
Operator Superior Oil & Gas Corp	
Address 944 S. W. Walbaum	
City CAHMET	
State OK	Zip 7314
Telephone (AC) Number 405-884-2080	
Date 1-24-09	

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