

CEMENTING REPORT

Form 1002C
Rev. 2012

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

API No. 105-41018

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.

TYPE OR USE BLACK INK ONLY

*Operator CBM Gas Company L.L.C. - 21569				OCC/OTC 1			
*Well Name/No. D. Topping #8				County Nowata			
*Location	1/4	1/4	1/4	1/4	Sec 15	Twp 25N	Rge 14E

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		1-10-13				
*Size of Drill Bit (Inches)		8 3/4"				
*Estimated % wash or hole enlargement used in calculations		0%				
*Size of Casing (inches O.D.)		7"				
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft.) from ground level		93'				
Type of Cement (API Class)		A				
In first (lead) or only slurry						
In second slurry						
In third slurry						
Sacks of Cement Used						
In first (lead) or only slurry		20				
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft)(14.X15.)						
In first (lead) or only slurry		3.78				
In second slurry						
In third slurry						
Calculated Annular Height of Cement behind pipe (ft)		Surface				
Cement left in pipe (ft)						

SCANNED

*Amount of Surface Casing Required (from Form 1000) 93' 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 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.

Deborah Kay Smith

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.

Deborah D. Walker

Signature of Operator or Authorized Representative

Name & Title (Printed or Typed)		<i>Deborah Kay Smith Vice Pres.</i>	
Cementing Company		<i>Smith Oilfield Services, Inc.</i>	
Address <i>396871 W. 1063 Way</i>			
City <i>Dewey</i>			
State	<i>OK.</i>	Zip	<i>74029</i>
Telephone (AC) Number <i>918-534-1020</i>			
Date <i>1-15-13</i>			

Name & Title (Printed or Typed)		<i>DEBORAH D. WALKER ACCOUNTANT</i>	
*Operator		<i>C.B.M. GAS COMPANY LLC</i>	
*Address <i>P.O. Box 579</i>			
*City <i>DEWEY</i>			
*State	<i>OK</i>	*Zip	<i>74029</i>
Telephone (AC) Number <i>918-534-1334</i>			
*Date <i>1-15-2013</i>			

INSTRUCTIONS

1. A) This form shall be filed by the operator, at the O.C.C. office in Oklahoma City, with the Completion Report (Form 1002A) for a producing well or a dry hole.
- 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.
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.

API No
105-41018
 OTC/OCC Operator No.

CEMENTING REPORT
 To Accompany Completion Report

Form 1032C
 Rev 1993

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 CBM GAS COMPANY LLC		OCC/OTC Operator No 21569	
*Well Name/No. D. TOPPING #8		County Nowata	
*Location C 1/4 NE 1/4 NE 1/4 NW 1/4	Sec 15	Twp 25N	Rge 14E

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date					1-15-13	
*Size of Drill Bit (Inches)					6 1/4	
*Estimated % wash or hole enlargement used in calculations					30%	
*Size of Casing (Inches O.D.)					4 1/2	
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft.) from ground level					1274'	
Type of Cement (API Class) in first (lead) or only slurry					CLASS A	
In second slurry						
In third slurry						
Sacks of Cement Used in first (lead) or only slurry					1005X	
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft) (14.X15.) in first (lead) or only slurry					174 cuft	
In second slurry						
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft)					SURF.	
Cement left in pipe (ft)					0	

*Amount of Surface Casing Required (from Form 1000) _____ 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 checked="" 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.

Donald J. Tate Field Supervisor
 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.

Deborah D. Walker
 Signature of Operator or Authorized Representative

*Name & Title Printed or Typed	
DONALD TATE FIELD SUPERVISOR	
Cementing Company	
CONSOLIDATED OIL WELL SERVICES, INC.	
Address	
P.O. BOX 1453	
City	
BARTLESVILLE	
State	Zip
OKLAHOMA	74005
Telephone (AC) Number	
918-338-0808 (FAX) 918-338-2210	
Date	

*Name & Title Printed or Typed	
DEBORAH D. WALKER ACCOUNTANT	
*Operator	
CBM GAS COMPANY LLC	
*Address	
P.O. Box 579	
*City	
SEWEY	
*State	*Zip
OKLAHOMA	74029
*Telephone (AC) Number	
918-534-1334	
*Date	
1-24-2013	

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.
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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.