

API No. 35 137 27173
OTC/OCC Operator No. 03186

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	3
*Operator Continental	OCC/OTC Operator No	03186
*Well Name/No. Dyess 1-1H	County	Stephens
*Location SE 1/4 SE 1/4 SW 1/4 SE 1/4	Sec	1
	Typ	3S
	Rge	4W

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		15-Apr-14				
*Size of Drill Bit (Inches)		17 1/2				
*Estimated % wash or hole enlargement used in calculations		N/A				
*Size of Casing (Inches O.D.)		13 3/8				
*Top of Liner (if liner used) (ft.)		N/A				
*Setting Depth of Casing (ft.) from ground level		1512'				
Type of Cement (API Class) in first (lead) or only slurry		15)85 Poz C				
In second slurry		C				
In third slurry		N/A				
Sacks of Cement Used in first (lead) or only slurry		695				
In second slurry		260				
In third slurry		N/A				
Vol of slurry pumped (Cu ft)(14.X15.) in first (lead) or only slurry		1445.6				
In second slurry		351				
In third slurry		N/A				
Calculated Annular Height of Cement behind Pipe (ft)		Surf				
Cement left in pipe (ft)		44				

*Amount of Surface Casing Required (from Form 1000)	1500 ft.
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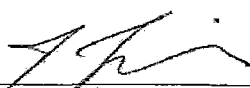
*Was cement circulated to Ground Surface? x YES NO	*Was Cement Staging Tool (DV Tool) used? YES X NO
*Was Cement Bond Log run? X Yes No (if so, Attach Copy)	*If Yes, at what depth? ft

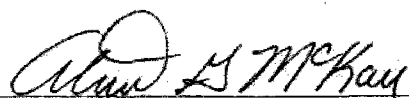
CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM

* 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.
 <hr/> Signature of Cementeer 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.
 <hr/> Signature of Operator or Authorized Representative

Name & Title Printed or Typed	
JAMES FARRIS	SERVICE SUPERVISOR
Cementing Company	
Baker Hughes Oilfield Operations, Inc	
Address	
11041 N.W. 10th	
City	
YUKON	
State	Zip
OKLAHOMA	73099
Telephone (AC) Number	
(405) 354-8861	
Date	
04/15/14	

*Name & Title Printed or Typed	
Alicia G. McKay, Regulatory Compliance Specialist	
*Operator	
Continental Resources, Inc.	
*Address	
P.O. Box 268870	
*City	
Oklahoma City	
*State	*Zip
OK	73126
*Telephone (AC) Number	
(405) 234-9487	
*Date	
04/15/2014	

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.**

API No. 35-137-27173
OTC/OCC Operator No. 03186

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	3
*Operator CONTINENTAL RESOURCES INC.	OCC/OTC Operator No	03186
*Well Name/No. DYESS 1-1H	County	STEPHENS
*Location SE 1/4 SE 1/4 SW 1/4 SE 1/4	Sec	1
	Twp	3S
	Rge	4W

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date				05/26/14		
*Size of Drill Bit (Inches)				12 1/4		
*Estimated % wash or hole enlargement used in calculations				N/A		
*Size of Casing (Inches O.D.)				9 5/8		
*Top of Liner (if liner used) (ft.)				N/A		
*Settling Depth of Casing (ft.) from ground level				13,487'		
Type of Cement (API Class)						
In first (lead) or only slurry				H		
In second slurry				H		
In third slurry				H		
Sacks of Cement Used						
In first (lead) or only slurry				50 Preflush		
In second slurry				1995		
In third slurry				200		
Vol of slurry pumped (Cu ft)(14.X15.)						
In first (lead) or only slurry				108		
In second slurry				2992.5		
In third slurry				236		
Calculated Annular Height of Cement behind Pipe (ft)				7184		
Cement left in pipe (ft)				88		

*Amount of Surface Casing Required (from Form 1000)	1500' ft.
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*Was cement circulated to Ground Surface? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	*Was Cement Staging Tool (DV Tool) used? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
*Was Cement Bond Log run? <input checked="" 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.

Billy Owen 5/26/14

Signature of Cementer or Authorized Representative

OPERATOR

I declare under applicable Corporation Commission rule, 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.

Alicia G. McKay

Signature of Operator or Authorized Representative

Name & Title Printed or Typed	
OWEN BILLY	SERVICE SUPERVISOR
Cementing Company	
Baker Hughes Oilfield Operations, Inc.	
Address	
11041 N.W. 10th	
City	
YUKON	
State	Zip
OKLAHOMA	73098
Telephone (AC) Number	
(405) 354 - 8861	
Date	
05/26/14	

*Name & Title Printed or Typed	
Alicia G. McKay, Regulatory Compliance	
*Operator	
Continental Resources, Inc.	
*Address	
P.O. Box 268870	
*City	
Oklahoma City	
*State	*Zip
OK	73126
*Telephone (AC) Number	
(405) 234-9487	
*Date	
05/26/2014	

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.

API No. 35 137 27173
OTC/OCC Operator No. 03186

CEMENTING REPORT
To Accompany Completion Report

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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	3
*Operator	CONTINENTAL RESOURCES			OCC/OTC Operator No	03186
*Well Name/No.	Dyess 1-1H			County	STEPHENS
*Location	SE 1/4 SE 1/4 SW 1/4 SE 1/4	Sec	1	Twp	3S Rge 4W

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date					7-Jul-14	
*Size of Drill Bit (Inches)					6 3/4	
*Estimated % wash or hole enlargement used in calculations					N/A	
*Size of Casing (inches O.D.)					5"	
*Top of Liner (if liner used) (ft.)					N/A	
*Setting Depth of Casing (ft.) from ground level					16,804'	
Type of Cement (API Class) In first (lead) or only slurry					50:50 LAFARGE H	
In second slurry					50:50 LAFARGE H	
In third slurry					N/A	
Sacks of Cement Used In first (lead) or only slurry					1820	
In second slurry					440	
In third slurry					N/A	
Vol of slurry pumped (Cu ft) (14.X15.) In first (lead) or only slurry					3530	
In second slurry					581	
In third slurry					N/A	
Calculated Annular Height of Cement behind Pipe (ft)					16809-SURF	
Cement left in pipe (ft)					85	

*Amount of Surface Casing Required (from Form 1000)	1500' ft.
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*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 checked="" 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

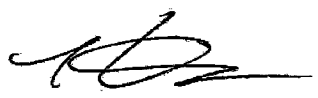
* Designates items to be completed by Operator.
Items not so designated shall be completed by the Cementing Company.

Remarks ##

*Remarks

**CEMENTING COMPANY
CONTINENTAL RESOURCES**

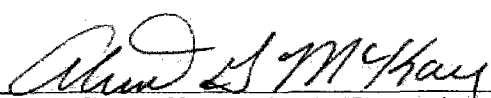
I declare under applicable Corporation Commission rule, that I am authorized; Shvley 1-21-16XH casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and information presented on both sides of this form are true, correct and complete to the 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 the cementing data and information presented in this report, and that data is 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	
WILLIAM H POLK	SERVICE SUPERVISOR
Cementing Company	
Baker Hughes Oilfield Operations, Inc	
Address	
11041 N.W. 10th	
City	
YUKON	
State	Zip
OKLAHOMA	73099
Telephone (AC) Number	
(405) 354 - 8861	
Date	
07/07/14	

*Name & Title Printed or Typed	
Alicia G. McKay, Regulatory Compliance Specialist	
*Operator	
Continental Resources, Inc.	
*Address	
P.O. Box 268870	
*City	
Oklahoma City	
*State	*Zip
OK	73126
*Telephone :	
(405) 234-9487	
*Date	
07/07/2014	

INSTRUCTIONS

1. A) This form shall be filed by the operator, at the U.C.C. office in Oklahoma (1487-Surface 16809-SURF (Form 1002A) for a producing well or a dry hole.
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TYPE OR USE BLACK INK ONLY

*Field Name	OCC District		
*Operator CONTINENTAL	OCC/OTC Operator No 03186		
*Well Name/No. DYESS 1-1H	County STEPHENS		
*Location SE 1/4 SE 1/4 SW 1/4 SE 1/4	Sec 1	Twp 3S	Rge 4W

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date						6/19/1981
*Size of Drill Bit (Inches)						N/A
*Estimated % wash or hole enlargement used in calculations						N/A
*Size of Casing (Inches O.D.)						7 5/8
*Top of Liner (if liner used) (ft.)						13,487'
*Setting Depth of Casing (ft.) from ground level						15,140'
Type of Cement (API Class)						
In first (lead) or only slurry						H
In second slurry						N/A
In third slurry						N/A
Sacks of Cement Used						
In first (lead) or only slurry						188
In second slurry						N/A
In third slurry						N/A
Vol of slurry pumped (Cu ft)(14.X15.)						
In first (lead) or only slurry						243
In second slurry						N/A
In third slurry						N/A
Calculated Annular Height of Cement behind Pipe (ft)						12963
Cement left in pipe (ft)						99

*Amount of Surface Casing Required (from Form 1000)	1500' ft.
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*Was cement circulated to Ground Surface? YES <input checked="" type="checkbox"/> NO	*Was Cement Staging Tool (DV Tool) used? YES <input checked="" type="checkbox"/> NO
*Was Cement Bond Log run? <input checked="" type="checkbox"/> 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 FR#10011076255

*Remarks

CEMENTING COMPANY
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OPERATOR
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 Signature of Operator or Authorized Representative

Name & Title Printed or Typed	
Justin Stamper	FIELD Supervisor
Cementing Company	
Baker Hughes Oilfield Operations, Inc.	
Address	
11041 NW 10TH	
City	
YUKON	
State	Zip
OKLAHOMA	73099
Telephone (AC) Number	
405-354-8861	
Date	
06/19/14	

*Name & Title Printed or Typed	
Alicia G. McKay, Regulatory Compliance Specialist	
*Operator	
Continental Resources, Inc.	
*Address	
P.O. Box 268870	
*City	
Oklahoma City	
*State	*Zip
OK	73126
*Telephone (AC) Number	
(405) 234-9487	
*Date	
06/19/2014	

INSTRUCTIONS

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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).

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