

API No. <b>35-019-26041</b>
OTC/OCC Operator No. <b>03186</b>

**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(f)

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(f). 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	<b>CONTINENTAL RESOURCES INC - EBUS</b>			OCC/OTC Operator No	<b>03186</b>
*Well Name/No.	<b>Dixon 1-10-15XH</b>			County	<b>Carter</b>
*Location	SW 1/4 NE 1/4 NE 1/4 NW 1/4	Sec	10	Twp	3S Rge 3W

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		2/27/2014				
*Size of Drill Bit (Inches)		17.5				
*Estimated % wash or hole enlargement used in calculations		75				
*Size of Casing (Inches O.D.)		13.375				
*Top of Liner (if liner used) (ft.)		N/A				
*Setting Depth of Casing (ft.) from ground level		1503				
Type of Cement (API Class) In first (lead) or only slurry		A				
In second slurry		A				
In third slurry		N/A				
Sacks of Cement Used In first (lead) or only slurry		560				
In second slurry		230				
In third slurry		N/A				
Vol of slurry pumped (Cu ft)(14.X15.) in first (lead) or only slurry		1574				
In second slurry		283				
In third slurry		N/A				
Calculated Annular Height of Cement behind Pipe (ft)		SURFACE				
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? <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 (If so, Attach Copy)	*If Yes, at what depth? ft

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

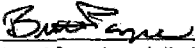
\* Designates items to be completed by Operator.  
Items not so designated shall be completed by the Cementing Company.

Remarks  
**Stage #1/Slurry #1:** Water Spacer  
**Stage #1/Slurry #2:** Lead Cement w/ 4 % Bentonite, 2 % Calcium Chloride, Pellet, 0.125 % Poly-E-Flake.  
**Stage #1/Slurry #3:** Tail Cement w/ 2 % Calcium Chloride, Pellet, 0.125 lbm Poly-E-Flake.  
**Stage #1/Slurry #4:** Displacement

\*Remarks

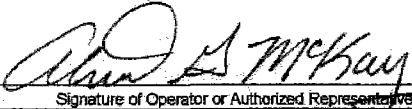
**CEMENTING COMPANY**

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	
<b>BRETT PAYNE, Service Supervisor</b>	
<b>Halliburton Energy Services</b>	
Address	
<b>215 EAST BOIS D'ARC</b>	
City	
<b>DUNCAN</b>	
State	Zip
<b>OK</b>	<b>73533</b>
Telephone (AC) Number	
<b>580-251-2800</b>	
Date	
<b>2/27/2014</b>	

*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	
02/27/2014	

**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. <b>35-019-26041</b>
OTC/OCC Operator No. <b>03186</b>

**CEMENTING REPORT**  
To Accompany Completion Report

Form 1002C  
Rev. 1995

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

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TYPE OR USE BLACK INK ONLY

*Field Name	OCC District <b>3</b>		
*Operator <b>CONTINENTAL RESOURCES INC - EBUS</b>	OCC/OTC Operator No <b>03186</b>		
*Well Name/No. <b>Dixon 1-10-15XH</b>	County <b>Carter</b>		
*Location <b>SW 1/4 NE 1/4 NE 1/4 NW 1/4</b>	Sec <b>10</b>	Twp <b>3S</b>	Rge <b>3W</b>

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date				<b>3/17/14</b>		
*Size of Drill Bit (Inches)				<b>12.25</b>		
*Estimated % wash or hole enlargement used in calculations				<b>30</b>		
*Size of Casing (inches O.D.)				<b>9.625</b>		
*Top of Liner (if liner used) (ft.)				<b>N/A</b>		
*Setting Depth of Casing (ft.) from ground level				<b>9638</b>		
Type of Cement (API Class) In first (lead) or only slurry				<b>CLASS H</b>		
In second slurry				<b>CLASS H</b>		
In third slurry				<b>N/A</b>		
Sacks of Cement Used in first (lead) or only slurry				<b>585</b>		
In second slurry				<b>330</b>		
In third slurry				<b>N/A</b>		
Vol of slurry pumped (Cu ft)(14.X15.) in first (lead) or only slurry				<b>1485.9</b>		
In second slurry				<b>448.8</b>		
In third slurry				<b>N/A</b>		
Calculated Annular Height of Cement behind Pipe (ft.)				<b>4659</b>		
Cement left in pipe (ft.)				<b>93</b>		

*Amount of Surface Casing Required (from Form 1000)	<b>1500</b> ft.
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*Was cement circulated to Ground Surface? <input type="checkbox"/> Yes <input checked="" 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 (if so, Attach Copy)	*If Yes, at what depth? _____ ft.

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

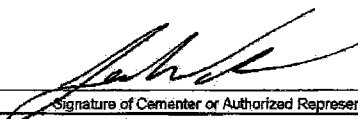
\* Designates items to be completed by Operator.  
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Remarks  
**Stage #1/Slurry #1:** TUNED SPACER III w/ 38.47 lbm/bbl Barite, 1 lbm/bbl Fe-2.  
**Stage #1/Slurry #2:** WATER  
**Stage #1/Slurry #3:** SUPER FLUSH 101  
**Stage #1/Slurry #4:** WATER  
**Stage #1/Slurry #5:** Lead Cement w/ 6 % Bentonite, 3 % Cat-Seal 60, 0.1 % SA-1015.  
**Stage #1/Slurry #6:** Tail Cement w/ 3 lbm Kol-Seal, 0.6 % Halad(R)-23, 0.1 % WG-17, 0.4 % HR-800.  
**Stage #1/Slurry #7:** Displacement

\*Remarks

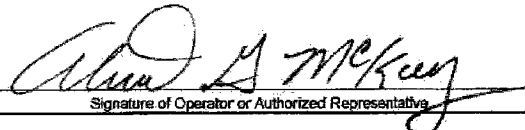
**CEMENTING COMPANY**

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 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.

  
 Signature of Operator or Authorized Representative

Name & Title Printed or Typed  
**JERALD WATSON, Service Supervisor**

**Halliburton Energy Services**

Address  
**215 E BOIS DARC**

City  
**DUNCAN**

State  
**OK**

Zip  
**73533**

Telephone (AC) Number  
**580 251-2800**

Date  
**3/17/14**

\*Name & Title Printed or Typed  
 Alicia G. McKay, Regulatory Compliance Specialist

\*Operator  
 Continental Resources, Inc.

\*Address  
 P.O. Box 268870

\*City  
 Oklahoma City

\*State  
**OK**

\*Zip  
**73126**

\*Telephone (AC) Number  
**(405) 234-9487**

\*Date  
**03/17/2014**

**INSTRUCTIONS**

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**TYPE OR USE BLACK INK ONLY**

*Field Name	OCC District <b>3</b>
*Operator <b>CONTINENTAL RESOURCES INC - EBUS</b>	OCC/OTC Operator No <b>03186</b>
*Well Name/No. <b>Dixon 1-10-15XH</b>	County <b>Carter</b>
*Location <b>SW 1/4 NE 1/4 NE 1/4 NW 1/4</b>	Sec <b>10</b>
	Twp <b>3S</b>
	Rge <b>3W</b>

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date					<b>5-30-2014</b>	
*Size of Drill Bit (Inches)					<b>8.75</b>	
*Estimated % wash or hole enlargement used in calculations					<b>30</b>	
*Size of Casing (Inches O.D.)					<b>5.5</b>	
*Top of Liner (if liner used) (ft.)					<b>N/A</b>	
*Setting Depth of Casing (ft.) from ground level					<b>19475</b>	
Type of Cement (API Class) In first (lead) or only slurry					<b>H</b>	
In second slurry					<b>H</b>	
In third slurry					<b>N/A</b>	
Sacks of Cement Used In first (lead) or only slurry					<b>345</b>	
In second slurry					<b>1420</b>	
In third slurry					<b>N/A</b>	
Vol of slurry pumped (Cu ft)(14.X15.) in first (lead) or only slurry					<b>480.6</b>	
In second slurry					<b>1996.65</b>	
In third slurry					<b>N/A</b>	
Calculated Annular Height of Cement behind Pipe (ft)					<b>9762.78</b>	
Cement left in pipe (ft)					<b>94.76</b>	

*Amount of Surface Casing Required (from Form 1000)	<b>1500'</b> ft.
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*Was cement circulated to Ground Surface? <input type="checkbox"/> Yes <input checked="" 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 (If so, Attach Copy)	*If Yes, at what depth? _____ ft.

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Items not so designated shall be completed by the Cementing Company.

Remarks

Stage #1/Slurry #1: TUNED SPACER III w/ 1 lbm/bbl Fe-2, 0.5 gal/bbl SEM-8, 0.6 gal/bbl Dual Spacer Surfactant B, 104.2 lbm/bbl Barite.

Stage #1/Slurry #2: Tergo Vis + SEM-8 w/ PKG TERGOVIS I, 0.75 % D-AIR 5000, 0.4 % SA-1015, 0.5 % HR-800, 0.5 % HR-25.

Stage #1/Slurry #3: TergoVis I w/ PKG TERGOVIS I, 0.75 % D-AIR 5000, 0.4 % SA-1015, 0.5 % HR-800, 0.5 % HR-25.

Stage #1/Slurry #4: Lead Cement w/ 2 % Bentonite, 8 % Silicalite Compacted, 0.3 % Halad(R)-344, 0.3 % HALAD-766, 0.1 % SA-1015, 1.5 % FDP-C1026-11.

Stage #1/Slurry #5: Foamed Lead to 10.8 ppg w/ 2 % Bentonite, 8 % Silicalite Compacted, 0.3 % Halad(R)-344, 0.3 % HALAD-766, 0.1 % SA-1015, 1.5 % FDP-C1026-11.

Stage #1/Slurry #6: Foamed Tail to 13.0 ppg w/ 35 % SS-200, 8 % Silicalite Compacted, 1.5 % FDP-C1026-11, 0.5 % HR-601, 0.25 % HR-25.

Stage #1/Slurry #7: Tail Cement w/ 35 % SS-200, 8 % Silicalite Compacted, 1.5 % FDP-C1026-11, 0.5 % HR-601, 0.25 % HR-25.


Stage #1/Slurry #8: MMCR + BE-9 + CLA-WEB Displacement w/ 0.2 gal/bbl Micro Matrix Retarder, 1 gal/Mgal BE-9, 1 lbm/Mgal CLA-WEB.

Stage #1/Slurry #9: BE-9 + CLA-WEB Displacement w/ 1 gal/Mgal BE-9, 1 gal/Mgal CLA-WEB.

Remarks


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Signature of Cementer or Authorized Representative

**OPERATOR**

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Signature of Operator or Authorized Representative

Name & Title Printed or Typed	
STEPHEN FISH, Service Supervisor	
Halliburton Energy Services	
Address	
215 E. BOIS D'ARC	
City	
DUNCAN	
State	Zip
OK	73533
Telephone (AC) Number	
580-251-2800	
Date	
5-30-2014	

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	
05/30/2014	

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