

**OIL AND GAS CONSERVATION DIVISION**  
**P.O. Box 52000**  
**Oklahoma City, OK 73152-2000**  
**405-521-2331**  
**OG1002C@occ.ok.gov**



Form 1002C  
 Rev. 2023

API No.
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**CEMENTING REPORT**

OAC 165:10-3-4(j)

This Form shall be filed within 45 days of the release of the rig used to drill the well. The signatures on this Form must be those of qualified employees of the cementing company and operator to demonstrate compliance with OAC 165:10-3-4. It may be advisable to take a copy of this Form to the well location when cementing work is performed.

**TYPE OR USE BLACK INK ONLY**

*Operator				OCC/OTC No.			
*Well Name/No.				County			
*Location	1 / 4	1 / 4	1 / 4	1 / 4	Sec	Twp	Rge

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

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

*Was cement circulated to Ground Surface?      Yes      No	*Was Cement Staging Tool (DV Tool) used?      Yes      No
*Was Cement Bond Log run?      Yes      No      (If YES, Attach Copy)	*If Yes, at what depth?      ft

**CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS BELOW**

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

Remarks

\*Remarks

**CEMENTING COMPANY**

I declare that I am authorized to make this certification that the cementing of casing in this well as shown in this Form was performed by me or under my supervision, and that the cementing data and facts presented on this Form are true, correct and complete to the best of my knowledge and belief. This certification covers cementing data only.

\_\_\_\_\_  
Signature of Cementer or Authorized Representative

**OPERATOR**

I declare that I am authorized to make this certification, that I have knowledge of the well data and information presented in this Form, and that the data and facts presented on this Form are true, correct and complete to the best of my knowledge and belief. This certification covers all well data and information presented herein.

\_\_\_\_\_  
Signature of Operator or Authorized Representative

Name & Title  
(Printed or Typed)

Cementing  
Company

Address

City

State | Zip

Telephone  
(AC) Number

E-mail

Date

\*Name & Title  
(Printed or Typed)

\*Operator

\*Address

\*City

\*State | \*Zip

\*Telephone  
\*(AC) Number

\*E-mail

\*Date

**INSTRUCTIONS**

1. A) The operator must submit this Form by electronic mail to [OG1002C@occ.ok.gov](mailto:OG1002C@occ.ok.gov) or mail the Form to the Oklahoma Corporation Commission, Oil & Gas Conservation Division, Attn: Technical Services Department, P.O. Box 52000, Oklahoma City, Oklahoma, 73152-2000.  
B) This Form shall be filed 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 OAC 165:10-3-4 and other applicable Commission rules.
3. Unless an alternate casing program is authorized by the Oil & Gas Conservation Division or by an Order of the Commission, suitable and sufficient surface casing shall be run and cemented from bottom to top with a minimum setting depth which is the greater of (A) Ninety feet below the surface, or (B) Fifty feet below the base of treatable water.