

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
RICHARD		4,878	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,878	5,760	<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	5,760	8,027	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	8,027	8,113	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Final Form 5 will be filed after completion.
Confidential

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Christy Keith

Title: Regulatory Admin. Asst.

Date: _____

Email: christy.keith@chk.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400176846	LAS-
400178532	CEMENT JOB SUMMARY
400178546	CEMENT JOB SUMMARY
400178552	DIRECTIONAL SURVEY
400179383	LAS-MUD

Total Attach: 5 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)