



**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

### CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	603	380	0	603	VISU
1ST	7+7/8	4+1/2	11.6	0	7,296	605	3,105	7,355	CBL

### ADDITIONAL CEMENT

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	
GREELEY SAND	2,849	2,992	<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,763	4,153	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,485	4,645	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,003	5,144	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,910		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,202		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,222		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: Y Print Name: A.M. BROWN

Title: C.E.O. Date: 3/22/2011 Email: AMB@HARSHENVIRO.COM

### **Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2566704	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)