

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	3,450		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,311		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,062		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,375		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,552		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Confidential

Final Form 5 will be submitted after completion.

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 Comp. Analyst

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
400185455	LAS-DENSITY/NEUTRON
400185456	TIF-MUD
400185457	DIRECTIONAL SURVEY
400188914	PDF-CEMENT BOND
400188942	CEMENT JOB SUMMARY
400188943	CEMENT JOB SUMMARY

Total Attach: 6 Files

General Comments

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

Total: 0 comment(s)