

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	
SHARON SPRINGS	2,286	2,356	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	2,356		<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: _____ Print Name: BENNY CANTRALL

Title: OWNER Date: 12/22/2010 Email: FCANTRALL@PLAINSTEL.COOP

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REC CMT TKTS & PBTD-MD , CBL DOC#2547909	7/13/2011 10:45:45 AM
Permit	REQ CMT TKTS, HARD CBL, DIGITAL LOGS, PBTD-MD	7/11/2011 8:17:15 AM

Total: 2 comment(s)