



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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SUSSEX	4,171		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,980		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,250		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,538		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,558		<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: Jeff Glossa

Title: Sr Engineering Tech Date: 8/11/2011 Email: jglossa@petd.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400184626	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400184625	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input 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>			
400184623	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>
Permit	PAPER LOGS GR-CCL/CB/VDL 1669855 HRI/CD/CN 1669856 IN SCANNING.	8/12/2011 8:51:04 AM

Total: 1 comment(s)