

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	
PARKMAN	3,630		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,400		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,750		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,910		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,178		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,215		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,693		<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: KEVIN KANE

Title: OPERATIONS MANAGER Date: 5/13/2011 Email: KKANE@BAYSWATER.US

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
2537482	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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"/>
Other Attachments			
1636282	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	REC'D SURF. CMT. TKT. AND LOGS.	8/30/2011 1:21:15 PM
Permit	REQ'D LAS TRIPLE COMBO AND DIGITAL CBL FROM KK. REQ'D SURF. CMT. TKT.	3/1/2011 9:34:25 AM

Total: 2 comment(s)