

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 | 3,770 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,288 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 4,470 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NACIMIENTO | 6,827 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,089 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,125 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 7,595 | | <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 | | | |
| 2537484 | 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 | | | |
| 1636287 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|------------------|--------------------------|
| Permit | CMT TKT RECEIVED | 8/30/2011 11:46:29 AM |
| Permit | REQ CMT TKTS | 8/2/2011 10:47:39 AM |

Total: 2 comment(s)