

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

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	3,742		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,301		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,773		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,135		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,430		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,453		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,901		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Bridged-out during open-hole logging. Cased-hole logs will be ran and submitted to the COGCC.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Susana Lara-Mesa

Title: Engineering Project Mgr

Date: _____

Email: slaramesa@kpk.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400263840	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"/>
Other Attachments			
400263839	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)