

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	16		0	80		0	80	CALC
SURF	12+1/4	9+5/8	40#	0	830	240	0	830	CALC
1ST	8+1/2	5+1/2	17#	0	7,977	405	5,767	7,977	CALC
1ST LINER	8+1/2	4+1/2	11.6#	7977	10,527	1,325	7,977	10,527	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

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	
RICHARD	3,254		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	3,506		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	3,751		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	5,757		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,870		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,193		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	6,551		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

A Final Form 5 will be filed after Completion.

As-Drilled data will be filed with the Final Form 5.

Hard-Copy Logs will be sent UPS

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

Signed: _____

Print Name: SETH SANDERS

Title: REGULATORY ANALYST

Date:

Email: seth.sanders@chk.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400264819	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400264822	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400264791	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400264792	LAS-DIRECTIONAL SURVEY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400264793	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400264799	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400264801	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400264824	TIF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400264826	TIF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400264827	TIF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)