

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	
MARMATON	8,680	8,960	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ATOKA	8,960	9,300	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
MORROW	9,389	9,487	<input type="checkbox"/>	<input checked="" 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: Amy Johnson

Title: Regulatory Supervisor Date: _____ Email: amy_johnson@swn.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"/>
	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400314564	LAS-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400314565	LAS-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400314567	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400314570	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400314571	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400314572	LAS-PLATFORM EXPRESS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)