

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	20	16	34	14	54	160	0	40	VISU
SURF	12+1/4	9+5/8	36	16	1,243	400	0	1,245	VISU
1ST	8+3/4	7	26	16	5,864	560	800	5,865	CALC
2ND	6+1/8	4+1/2	13.5	16	7,880	210	4,450	7,880	CALC

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	
MESAVERDE	1,663		<input type="checkbox"/>	<input type="checkbox"/>	
MORAPOS	3,015		<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	3,762		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,980		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	7,218		<input type="checkbox"/>	<input type="checkbox"/>	
FRONTIER	7,435		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Directional Survey to steer the well only.

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

Signed: _____ Print Name: Tami Humphrey

Title: Regulatory Analyst Date: _____ Email: thumphrey@qinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400328221	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400328220	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"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)