

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/05/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	1ST	2,500	250	950	2,510

Details of work:

Open PC, pump 250 sx 8% gel w/ Flowseal, close PC, TOOH.

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	
NIOBRARA	699		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	1,821		<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	2,158		<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	3,112		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,144		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,374		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,747		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,876		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	5,002		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,142		<input type="checkbox"/>	<input type="checkbox"/>	
ST LOUIS	5,309		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,387		<input type="checkbox"/>	<input type="checkbox"/>	
OSAGE	5,505		<input type="checkbox"/>	<input type="checkbox"/>	
HARRISON	5,537		<input type="checkbox"/>	<input type="checkbox"/>	
ST JOE	5,560		<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: Jake Flora

Title: Petroleum Engineer Date: _____ Email: jakeflora@kfrcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400487379	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400486820	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400486825	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400486830	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400486832	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400495374	PDF-CBL 1ST RUN	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)