

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	S.C. 1.1	2,663	200	1,620	2,664
STAGE TOOL	S.C. 1.2	4,307	100	3,560	4,311

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	
DAKOTA	1,935	1,981	<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	2,252	2,506	<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,172		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,380		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,804		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,901		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	5,041		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,183		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,400		<input type="checkbox"/>	<input type="checkbox"/>	
OSAGE	5,500		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This was a re-entry

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 ?	
<u>Attachment Checklist</u>			
400533873	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"/>
<u>Other Attachments</u>			
400532823	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400532826	LAS-	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)