



### 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	2,370	250	540	2,482
STAGE TOOL	S.C. 1.2	4,183	100	3,338	4,184

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	
NIOBRARA	740		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	1,698		<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	2,010		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,062		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,274		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,582		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,801		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,905		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,070		<input type="checkbox"/>	<input type="checkbox"/>	
ST LOUIS	5,176		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,332		<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: 12/30/2013 Email: jakeflora@kfrcorp.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400515942	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"/>
<b>Other Attachments</b>			
400515939	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400515950	PDF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400530230	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400530244	POROSITY - LAS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400532717	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400533268	PDF-CBL 2ND 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)