

Cement work date: 08/12/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	3,029			

Details of work:
 CBL has not been run yet, cement top and bottom are unknown for 5 1/2" casing.

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	1,865	2,057	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MORRISON	2,199	2,376	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	3,080	3,150	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,124	4,243	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,377	4,742	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,742	4,845	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,910	5,066	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ATOKA	5,066	5,208	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,208	5,377	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	5,377	5,450	<input checked="" 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: Lindsey Vedros

Title: Regulatory Tech Date: _____ Email: lvedros@midcon-energy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400690032	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"/>
400690018	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input 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>			
400689815	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400689820	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400689826	PDF-DENSITY/NEUTRON	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)