

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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WILLIAMS FORK	2,904				
CAMEO	5,123				
ROLLINS	5,559				
COZZETTE	5,827				
CORCORAN	6,113				

Comment:

All casing and cement information and formation tops are measured from KB. Please note: this is a proposed injection well.

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

Signed: _____ Print Name: Crissy Venturo

Title: Permit Representative Date: 4/28/2014 Email: cventuro@progressivepcs.net

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400747273	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400747270	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400580791	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400745692	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400747211	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400747218	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400747228	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400747237	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400747272	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	RETURNED TO DRAFT: Operator is to attach LAS of Triple Combo log.	12/4/2014 1:34:40 PM
Engineer	Returned to Draft. Attached surface casing cement summary is for the wrong well. {also dhs on 11/12/14.} Surface casing setting depth is less than permitted (2000'). Emailed operator.	11/10/2014 4:28:54 PM
Permit	Passes Permitting: triple combo received.	11/6/2014 3:29:48 PM
Permit	PENDING: Requesting pdf of triple combo log.	11/5/2014 8:34:28 AM
UIC	CBL in house by 11/3/2014	11/5/2014 8:05:56 AM
Permit	RETURNED TO DRAFT: Operator is to supply correct formation tops.	10/24/2014 7:55:31 AM
Agency	Pending: Operator is to supply by Sundry Notice the "as drilled" GPS when flowback operations on pad are complete. Operator is to supply TOC same way. Open hole logs were run on 045-22315 and 045-22297. Induction log was run on this well. CBL IS TO BE SUBMITTED ASAP.	6/18/2014 10:23:13 AM

Total: 7 comment(s)