



## 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	
SHARON SPRINGS	6,275	6,380	NO	NO	
NIOBRARA	6,380	10,587	NO	NO	

Comment:

Open Hole log was not ran in this well. The COGCC Log Submittal Policy had not yet been released at the time of this completion.

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

Signed: \_\_\_\_\_ Print Name: Jeff Annable

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: regulatory@petro-fs.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400946785	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400946784	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"/>
<b>Other Attachments</b>			
400946777	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400946780	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400946781	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400946782	DIRECTIONAL DATA	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)