

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8		0	492	380	0	492	CALC
1ST	7+7/8	4+1/2		0	7,060	470	1,210	7,060	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
GREELEY SAND	2,860		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,642		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,438		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,052		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,687		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,876		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,917		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION NAME	MEASURED DEPTH	
	TOP	BOTTOM
DTD	7094	
KTD	7090	

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

Signed: _____ Print Name: JEFF REALE

Title: V.P. OPERATIONS Date: 10/13/2010 Email: JREALE@GWOGCO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2071823	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2071822	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
2071820	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2071821	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)