

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	24	0	638	450	0	638	CALC
1ST	7+7/8	4+1/2	11.6	0	7,537	500	3,347	7,537	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	
PARKMAN	3,705		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,508		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,971		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,088		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,381		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,403		<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: Rhonda Sandquisst

Title: Land Assistant Date: 4/18/2011 Email: rsandquist@syrinfo.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400145776	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400145780	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			
400119690	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400145811	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400145822	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

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General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	rec'd. hard copy of triple combo log.	7/8/2011 1:39:21 PM
Permit	rec'd PDF and LAS versions of triple combo on 7/5/11.	7/8/2011 1:05:12 PM
Permit	e-mailed Rhonda Sandquist requesting PDF and LAS versions of Triple Combo	6/28/2011 9:33:47 AM

Total: 3 comment(s)