

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	332	250	0	332	CALC
1ST	7+7/8	5+1/2	17#	0	7,882	300	5,800	7,882	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	4,712	180	2,900	4,212

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	
NIOBRARA	3,087		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	3,629		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	4,052		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	5,650		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	6,595		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	6,928		<input type="checkbox"/>	<input type="checkbox"/>	
PAWNEE	6,988		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,057		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MORROW	7,570		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	7,755		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Requesting information be confidential

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

Signed: _____ Print Name: Jack Fincham

Title: Agent Date: 2/5/2011 Email: fincham4@msn.com

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Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400129416	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"/>
2072457	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400130873	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400129371	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400130636	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400130655	LAS-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)