

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	
RICHARD	4,050		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	5,000		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,490		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,402		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,483		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Final Form 5 will be filed after Completion.

CBL will be filed with Final Form 5

Paper Copy of Logs will be sent UPS.

GPS data will be submitted with Final Form 5.

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

Signed: _____

Print Name: Christy KeithTitle: Regulatory Comp. Analyst

Date: _____

Email: christy.keith@chk.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400199088	CEMENT JOB SUMMARY
400199090	DIRECTIONAL SURVEY
400199091	LAS-COMBINATION OPEN HOLE
400199097	LAS-MUD
400199099	LAS-ELECTRONIC

Total Attach: 5 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)