



### 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	4,645	200	3,100	4,645

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	3,081		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	3,638		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	4,073		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	5,673		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	6,620		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MARMATON	6,967		<input type="checkbox"/>	<input type="checkbox"/>	
PAWNEE	7,017		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,090		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MORROW	7,619		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	7,800		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Request 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: 6/21/2011 Email: fincham4@msn.com

#### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400175391	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"/>
400175396	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400175398	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Other Attachments</b>			
400174925	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400175048	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400175386	LAS-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

User Group	Comment	Comment Date

Total: 0 comment(s)