

ADDITIONAL CEMENT

Cement work date: 05/19/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	STAGE TOOL	2,290	430	0	2,290

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	
SHAWNEE	3,400		<input type="checkbox"/>	<input type="checkbox"/>	
HEEBNER	3,602		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	3,626		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,012		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FORT SCOTT	4,094		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,150		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,284		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	4,418		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
KEYES	4,566		<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	4,594		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WARSAW	4,794		<input type="checkbox"/>	<input type="checkbox"/>	
OSAGE	4,858		<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: MARK SHREVE

Title: PRESIDENT/COO Date: 6/15/2011 Email: MSHREVE@MULLDRILLING.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400175293	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"/>
400175114	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400171871	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400175172	PDF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400175176	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400175177	PDF-SONIC	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)