

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/22/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	2,640	375	280	2,640

Details of work:

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	3,767		<input type="checkbox"/>	<input type="checkbox"/>	
HEEBNER	3,958		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	3,984		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,356		<input type="checkbox"/>	<input type="checkbox"/>	
FORT SCOTT	4,446		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,506		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,633		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	4,764		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	4,883		<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	4,950		<input checked="" 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: 11/28/2012 Email: MSHREVE@MULLDRILLING.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400351143	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"/>
400351145	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			
2518078	TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400343793	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400351147	CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400351148	CBL 2ND RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400351150	DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400351152	MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400351154	DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400351155	SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Operator provided triple combination LAS.	11/30/2012 2:55:11 PM
Permit	Missing LAS logs.	11/30/2012 2:24:34 PM

Total: 2 comment(s)