



Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	16	42	0	60		0	60	CALC
SURF	13+1/2	9+5/8	36	0	830	440	0	840	CALC
1ST	8+3/4	7	26	0	6,296	590	1,910	6,424	CBL
1ST LINER	6+1/8	4+1/2	11.6	5586	10,660				

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

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	
SUSSEX	4,075		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,990		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,109		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,117		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

SHL footages have been updated. An as built plat is attached.

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

Signed: \_\_\_\_\_

Print Name: Mary Pobuda

Title: Permit Analyst

Date: \_\_\_\_\_

Email: mpobuda@billbarrettcorp.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400417912	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400417911	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400417902	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400417903	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400417904	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400417974	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400418490	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400419728	DIRECTIONAL DATA	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)