



Cement work date: 10/26/2013

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

Details of work:  
 Cement surface casing and production casing

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	
ARBUCKLE			<input type="checkbox"/>	<input type="checkbox"/>	Not Present
WOLFCAMP	6,208		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING-KANSAS CITY	6,912		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	7,244		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,425		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	7,624		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	7,870		<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN-ST LOUIS	8,058		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	8,109		<input type="checkbox"/>	<input type="checkbox"/>	
WARSAW	8,170		<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: Joyce Henkin

Title: Production Tech Date: 11/19/2013 Email: joycehenkin@nighthawkenergy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400508027	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"/>
	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"/>
<b>Other Attachments</b>			
2518764	TRIPLE COMBO - LAS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400502423	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400507874	TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400508020	CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400511925	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400512123	CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Attached provided log.	11/19/2013 1:42:07 PM
Permit	Requested LAS logs.	11/19/2013 12:28:50 PM

Total: 2 comment(s)