

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	45	90	0	45
STAGE TOOL	S.C. 1.1	2,355	270	1,162	2,360

Details of work:

Tagged Primary TOC at 45' with 1" tubing. Pumped 90 sx Class A common CMT, filled annulus to surface, ticket attached.

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	
DAKOTA	1,782		<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	2,062		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,107		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,325		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,704		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,840		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,120		<input type="checkbox"/>	<input type="checkbox"/>	
ST LOUIS	5,280		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,366		<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: Jake Flora

Title: Petroleum Engineer Date: 4/22/2014 Email: jakeflora@kfrcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400593811	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"/>
Other Attachments			
400581197	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400581205	GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400581206	GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400581211	INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400581215	SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400590157	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400590161	CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)