

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	7,035	701	986	7,035

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
LYONS	8,511	8,680	NO	NO	
INGLESIDE	8,680	8,766	NO	NO	
LOWER SATANKA	8,766	8,826	NO	NO	
WOLFCAMP	8,826	8,910	NO	NO	
AMAZON	8,910	9,060	NO	NO	
COUNCIL GROVE	9,060	9,130	NO	NO	
ADMIRE	9,130	9,268	NO	NO	
VIRGIL	9,268	9,411	NO	NO	
MISSOURI	9,411	9,595	NO	NO	
DES MOINES	9,595	9,806	NO	NO	
ATOKA	9,806	9,974	NO	NO	
FOUNTAIN	9,974	10,119	NO	NO	
MORROW	10,119	10,192	NO	NO	

Comment:

Request permission to submit the As Built data via a Form 4 Sundry as soon as received - this is all that is needed to prevent this Form 5 to be submitted as Final.

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

Signed: _____ Print Name: Paul GottlobTitle: Regulatory & Engin. Tech. Date: _____ Email: paul.gottlob@iptenergyservices.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400733572	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			
400734192	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400734193	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400734199	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400734205	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400734871	LAS-TRIPLE COMBINATION	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)