

CEMENT JOB REPORT



CUSTOMER BAYSWATER EXPLORATION ;		DATE 28-MAR-15	F.R. # 10011146889	SERV. SUPV. FELIPE LANDA										
LEASE & WELL NAME ARELLANO #M-10-9HC - API 05123411070000		LOCATION 9-5N-65W		COUNTY-PARISH-BLOCK Weld Colorado										
DISTRICT Brighton		DRILLING CONTRACTOR RIG # FRONTIER 8		TYPE OF JOB Surface										
SIZE & TYPE OF PLUGS		LIST-CSG-HARDWARE		MECHANICAL BARRIERS		MD	TVD	HANGER TYPES		MD	TVD			
9-5/8" Top Cem Plug, Nitrile cvr, Phc		Centralizer, with Fins, 9-5/8 in												
		Cement Basket, Slip On, 9-5/8 in												
		Float Collar, Auto Fill, 9-5/8 - 8rd												
		Float Shoe 9-5/8 - 8rd												
PHYSICAL SLURRY PROPERTIES														
MATERIALS FURNISHED BY BJ				LAB REPORT NO.		SACKS OF CEMENT	SLURRY WGT PPG	SLURRY YLD FT ³	WATER GPS	PUMP TIME HR:MIN	Bbl SLURRY	Bbl MIX WATER		
Fresh Water							8.34				20			
Type III Cement + Adds						250	14.5	1.40	6.80		62.3	40.39		
Fresh Water							8.34				57.7			
Available Mix Water		200 Bbl.		Available Displ. Fluid		200 Bbl.		TOTAL		140		40.39		
HOLE			TBG-CSG-D.P.						COLLAR DEPTHS					
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE		
12.25	30	800	8.921	9.625	36	CSG	791	750	J-55	791	747	0		
LAST CASING				PKR-CMT RET-BR PL-LINER			PERF. DEPTH		TOP CONN		WELL FLUID			
ID	OD	WGT	TYPE	MD	TVD	BRAND & TYPE		DEPTH	TOP	BTM	SIZE	THREAD	TYPE	WGT.
						NO PACKER		0			9.625	8RD	WATER BASED	8.7
DISPL. VOLUME		DISPL. FLUID		CAL. PSI	CAL. MAX PSI	OP. MAX	MAX TBG PSI		MAX CSG PSI		MIX WATER			
VOLUME	UOM	TYPE	WGT.	BUMP PLUG	TO REV.	SQ. PSI	RATED	Operator	RATED	Operator				
57.7	BBLS	Fresh Water	8.34	239	0	0	0	0		1000	TANK			
Circulation Prior to Job														
Circulated Well: Rig <input checked="" type="checkbox"/> BJ <input type="checkbox"/>				Circulation Time: 1				Circulation Rate: 6 BPM						
Mud Density In: 8.7 LBS/GAL				Mud Density Out: 8.7 LBS/GAL				PV & YP Mud In:			PV & YP Mud Out:			
Gas Present: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>				Units:				Solids Present at End of Circulation: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>						
Displacement And Mud Removal														
Displaced By: Rig <input type="checkbox"/> BJ <input checked="" type="checkbox"/>				Amount Bled Back After Job: 1 BBLS										
Returns During Job: <input type="checkbox"/> NONE <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FULL				Method Used to Verify Returns: VISUAL										
Cement Returns at Surface: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				Were Returns Planned at Surface: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES										
Pipe Movement: <input type="checkbox"/> ROTATION <input type="checkbox"/> RECIPROCATION <input type="checkbox"/> NONE <input type="checkbox"/> UNABLE DUE TO STUCK PIPE														
Centralizers: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES				Quantity: 8				Type: <input type="checkbox"/> BOW <input type="checkbox"/> RIGID						
Job Pumped Through: <input type="checkbox"/> CHOKE MANIFOLD <input type="checkbox"/> SQUEEZE MANIFOLD <input checked="" type="checkbox"/> MANIFOLD <input type="checkbox"/> NO MANIFOLD														
Plugs														
Number of Attempts by BJ: 0				Competition: 0				Wiper Balls Used: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES Quantity:						
Plug Catcher Used: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES				Parabow Used: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES										
Was There a Bottom: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES				Top of Plug: 0 FT				Bottom of Plug: 0 FT						
Squeezes (Update Original Treatment Report for Primary Job)														
BLOCK SQUEEZE <input type="checkbox"/>				SHOE SQUEEZE <input type="checkbox"/>				TOP OF LINER SQUEEZE <input type="checkbox"/>				PLANNED <input type="checkbox"/>	UNPLANNED <input type="checkbox"/>	
Liner Packer: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES				Bond Log: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES				PSI Applied: 0		Fluid Weight: 0 LBS/GAL				
Casing Test (Update Original Treatment Report for Primary Job)														
Casing Test Pressure: 0 PSI						With 0 LBS/GAL Mud			Time Held: 00 Hours 00 Minutes					
EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING: NONE														

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Shoe Test (Update Original Treatment Report for Primary Job)

Depth Drilled out of Shoe: 0 FT	Target EMW: 0 LBS/GAL Actual EMW: 0 LBS/GAL
Number of Times Tests Conducted: 0	Mud Weight When Test was Conducted: 0 LBS/GAL

Problems Before Job (I.E. Running Casing, Circulating Well, ETC)
NONE

Problems During Job (I.E. Lost Returns, Equipment Failure, Bulk Delivery, Foaming, ETC)
NONE

Problems After Job (I.E. Gas at Surface, Float Equipment Failed, ETC)
NONE

PRESSURE/RATE DETAIL						EXPLANATION	
TIME HR:MIN.	PRESSURE - PSI		RATE BPM	Bbl. FLUID PUMPED	FLUID TYPE	SAFETY MEETING: BJ CREW <input checked="" type="checkbox"/> CO. REP. <input checked="" type="checkbox"/>	
	PIPE	ANNULUS				TEST LINES	3333 PSI
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>	
21:00	0	0	0	0	NA	ARRIVE ON LOCATION	
21:20	0	0	0	0	NA	SPOT TRUCKS/PRE RIG UP SAFETY MEETING	
22:21	0	0	0	0	NA	PRE JOB SAFETY MEETING	
22:40	25	0	.8	1	H2O	LOAD LINES	
22:43	1177	0	0	0	H2O	LOW PRESSURE TEST	
22:45	3333	0	0	0	H2O	HIGH PRESSURE TEST	
22:48	99	0	4.8	10	H2O	FRESH WATER	
22:51	124	0	4.8	10	H2O	FRESH WATER + DYE	
23:00	150	0	3.1	60	CEMENT	250 SACKS OF TYPE III CEMENT + 0.08 lbs/sack STATIC FREE + 1% CALCIUM CHLORIDE + 0.25 lbs/sack CELLO FLAKE + 0.01 gps FP-6L @ 14.5 PPG	
23:25	0	0	0	0	NA	DROP PLUG	
23:26	250	0	5	50	H2O	DISPLACE	
23:40	278	0	2	7	H2O	RATE CHANGE	
23:43	901	0	2	0	H2O	BUMP PLUG @ 57 BBLs (10 bbls cement to surface)	
23:47	0	0	0	0	H2O	CHECK FLOATS	
23:55	0	0	0	0	NA	POST JOB RIG DOWN SAFETY MEETING	

BUMPED PLUG	PSI TO BUMP PLUG	TEST FLOAT EQUIP.	BBL.CMT RETURNS/ REVERSED	TOTAL BBL. PUMPED	PSI LEFT ON CSG	SPOT TOP OUT CEMENT	Service Supervisor Signature: _____
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	901	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	10	137	0	Y <input checked="" type="checkbox"/> N	

ARELLANO M-10-9HC (C956)

