

NOT FOR OGC'S USE ONLY

Rev 6/99

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax (303)894-2109

COGCC

01162932

Complete the  
Attachment Checklist

Oper	OGCC
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Survey Plat

Survey Plat

Directional :

Surface Friction

Surface Equ

Technical In

Other \_\_\_\_\_

[illegible][illegible]

Year	Number of people (millions)
1980	20
1990	25
2000	30
2020	35

1

15.

1

Day

2

	Coalbed
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Stratign

**Enhance**

Gas Str

5

Other:

\_\_\_\_\_

**15. Well Classification**

<input type="checkbox"/>	Dry	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>	Gas
<input type="checkbox"/>	Coalbed				
<input type="checkbox"/>	Stratigraphic			<input type="checkbox"/>	Disposal
<input type="checkbox"/>	Enhanced Recovery				
<input type="checkbox"/>	Gas Storage			<input type="checkbox"/>	Observation
<input type="checkbox"/>	Other:				

## CASING, LINER and CEMENT

Submit contractor's cement job summary for each string cemented

Cement Interval

## 22.

\*\*\* All DST and Core analysis must be submitted to COGCC. \*\*\*

Print Name P Tognoni

**Title:** Supervisor

Date: 10/28/04