



## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

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

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	
FOX HILLS	1,770	2,019	NO	NO	
PIERRE	2,019	7,977	NO	NO	
NIOBRARA	7,977				

Comment:

No open hole logs were run on this well. Open hole logs were run on the Little Rush 4-65 28 1V (API: 05-005-07270)

CBL will be run prior to completion and submitted on a subsequent Form 4.

After completion of well, form 5A will be submitted with actual TPZ footages. TPZ footages provided are estimates based on the kick out point of the wellbore.

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

Signed: \_\_\_\_\_

Print Name: Jennifer Dixon

Title: Regulatory Coordinator

Date: \_\_\_\_\_

Email: jennifer.a.dixon@cop.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
401395498	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401395496	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input 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>			
401395497	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401417976	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401417984	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401417992	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401417997	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)