

Comment:

Actual TPZ: 823 FNL; 505 FEL

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

Signed: _____ Print Name: Troy Owens

Title: Completions Engineer Date: _____ Email towens@extractionog.com
:

Attachment Check List

Att Doc Num **Name**

401503185	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)