

Complete the
Attachment Checklist

15 **Well Classification**

<input type="checkbox"/>	Dry	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	Gas
<input type="checkbox"/>	Coaled				
<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:				

Submit contractor's cement job summary for each string cemented

FORMATION LOG INTERVALS and TEST ZONES

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

Signed: Elaine G. Hines Title: Operations Technician Date: 01/17/02