

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 | |
| GREEN RIVER | 0 | 2,973 | NO | NO | |
| WASATCH | 2,973 | 4,490 | NO | NO | |
| WASATCH G | 4,490 | 4,823 | NO | NO | |
| FORT UNION | 4,823 | 6,312 | NO | NO | |
| OHIO CREEK | 6,312 | 6,717 | NO | NO | |
| WILLIAMS FORK | 6,717 | 8,948 | NO | NO | |
| CAMEO | 8,948 | 9,431 | NO | NO | |
| ROLLINS | 9,431 | | NO | NO | |

Comment:

All casing and cement information and formation tops are measured from KB. Per the approved Form 2 APD for the subject well, one gamma ray and one resistivity log was required for this multi-well pad. Please refer to the open hole logs submitted with the Puckett 33E-24-697 (API# 05-045-23204).

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

Signed: _____

Print Name: Reed Haddock

Title: Sr. Regulatory Specialist

Date: _____

Email: rhaddock@caerusoilandgas.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| Attachment Checklist | | | |
| 401505766 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 401502511 | 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"/> |
| Other Attachments | | | |
| 401502512 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401619398 | LAS-PULSED NEUTRON | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401619400 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401619401 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401619564 | PDF-PULSED NEUTRON | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401624280 | WELL LOCATION PLAT | 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)