



## 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	
PARKMAN	3,657	3,706	NO	NO	
SUSSEX	4,118	4,248	NO	NO	
SHANNON	4,627	4,661	NO	NO	
SHARON SPRINGS	7,164		NO	NO	
NIOBRARA	7,277		NO	NO	
FORT HAYS	7,756		NO	NO	
CODELL	7,874		NO	NO	

### Operator Comments:

This well was drilled during the fifth rig occupation on the Postle IC Pad.

Alternative logging program: No open-hole logs were run; open hole resistivity log w/GR run in the Postle IC 11-159HC (123- 39322); Approved APD had BMP requiring one well on pad to be logged with an open hole resistivity log with gamma ray.

TPZ footages are estimated and based on the first legal perforation as proposed on the approved APD. Well is not completed Estimated completion by end of Q2 2021. Actual TPZ footages will be reported on the Form 5A.

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

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

Print Name: Eileen Roberts

Title: Regulatory Analyst

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

Email: eroberts@gwp.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
402444831	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402444851	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>			
402444814	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402444816	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402444819	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402444821	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402444854	DIRECTIONAL DATA	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)

