

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
SURF	16	10+3/4	j55	40.5	0	493	235	493	0	VISU
1ST	10+3/4	7	j55	23	0	5704	1000	5704	0	CALC
1ST LINER	7	5	l80	18	5546	6487	375	6487	5546	CALC

Bradenhead Pressure Action Threshold 148 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? No

If "NO", provide details below.

well drilled in 1948

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 ECMC)
	Top	Bottom	DST	Cored	
FRONTIER	2,903	3,161	NO	NO	
MOWRY	3,161	3,260	NO	NO	
DAKOTA	3,260	3,340	NO	NO	
MORRISON	3,340	3,942	NO	NO	
CURTIS	3,942	4,070	NO	NO	
ENTRADA	4,070	4,260	NO	NO	
NAVAJO	4,260	4,847	NO	NO	
CHINLE	4,847	4,989	NO	NO	
SHINARUMP	4,989	5,070	NO	NO	
MOENKOPI	5,070	5,693	NO	NO	
WEBER	5,693	6,490	NO	NO	

Operator Comments:

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

Signed: _____ Print Name: Anita Sanford

Title: Sr. Regulatory Analyst Date: 4/8/2025 Email: anita.sanford@scoutep.com

ATTACHMENT LIST

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
404157347	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineering Tech	Form 42 Doc #404120405, MIRU for repairs Form 4, Doc #403782647, for updated WBD Form 5 submitted to update well file Engineering review complete	08/25/2025
Permit	Per operator " Form 5's Completed Interval reports are reporting work completed per an approved Form 4 reporting changes to the wellbore casing or cement configuration or at the request of an ECMC staff to update the well file. (per rule 414.b)" Added 0 to Fluid Volumes Used in Drilling Operations	08/25/2025

Total: 2 comment(s)