

MUD PROGRAM REQUEST

File Made: _____

Order Bits: _____

Operator: _____

Address: _____

Contact Name: _____ Title: _____

Office: _____ Cell: _____ Email: _____

Consulting Firm: _____ Contact Name: _____

Address: _____ Title: _____

Office: _____ Cell: _____ Email: _____

Group Email: _____

Well Name & Number: _____

Legal Description: _____

County: _____ Location/Lease: _____

TD/TVD/PILOT TD: _____ Formation: _____

Other: _____

CASING PROGRAM

| Interval | Hole Size | Casing Size | Depth | Mud Properties |
|-------------------|-----------|-------------|-------|----------------|
| Protective String | | | | |
| Surface | | | | |
| 1st Intermediate | | | | |
| 2nd Intermediate | | | | |
| 3rd Intermediate | | | | |
| Production | | | | |

KOP: _____ °/ 100' of Curve: _____ Lateral MD: _____

Logs: _____ DST: _____ Core: _____ Retail: _____ Wholesale: _____

Remarks: _____

Bit Company: _____ Person Authorizing Bit Records: _____

Contractor: _____ Rig#: _____ Rig Type: _____

Mail Invoices to: Name: _____ Address: _____

Date: _____ Due Date: _____ Spud Date: _____

Requested by: _____ Sales Rep: _____

Delivery: _____ Email: _____ Fax: _____ Mail: _____ Hand: _____ Packet: Yes No

Reviewed by: _____ Comments: _____