

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24#	0	686	430	0	686	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,159	1,073	1,050	8,159	CBL

ADDITIONAL CEMENT

Cement work date: 09/23/2010

Details of work:

DV TOOL @ 3768'. CEMENT 1ST STAGE (615 SKS), PLUG DOWN @ 08:15, DROP BOMB, CIRC., CEMENT 2ND STAGE (458 SKS, 1073 SKS TOTAL), PLUG DOWN @ 14:15

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	1ST	3,768	458	1,050	3,768

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,708		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,363		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,860		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,232		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,541		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,561		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,024		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: _____ Print Name: Kenny Trueax

Title: Regulatory Analyst II Date: 9/15/2010 Email: kenny.trueax@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400093068	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400093067	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400093050	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

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General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)