



**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	923	640	0	923	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,737	1,000	6,920	8,737	CBL

ADDITIONAL CEMENT

Cement work date: 08/28/2010

Details of work:

Long string cement job details: DV tool at 5782'; cement first stage w/ 300 sks 50/50 poz cement; WOC between stages cement second stage with 650 sks 12.5# 35/65 poz cement (lead) and 50 sks premeim (tail) 1000 sacks total.

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,782	700	1,450	5,782

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	4,354		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,836		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,576		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,898		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,920		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,364		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	8,538		<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: 9/16/2010 Email: kenny.trueax@anadarko.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400093393	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400093394	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>			
400093390	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

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**General Comments**

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)