

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
CONDUCTOR	24	16		0	70			70	CALC
SURF	12+1/4	8+5/8		0	1,790	500	0	1,810	CALC
1ST	8+3/4	4+1/2		0	7,138	1,641	575	7,175	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
WASATCH G	2,176	2,390	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	2,390	3,511	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	3,511	3,862	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	3,862	6,111	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO COAL	6,111	6,320	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,320	6,474	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	6,474	6,719	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	6,719	7,177	<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: JULIE JUSTUS

Title: REGULATORY SPECIALIST Date: 2/7/2011 Email: JJUSTUS@CHEVRON.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
1633554	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1633553	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>			
1633552	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

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

Total: 0 comment(s)