

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	9+5/8		0	1,766	415	0	1,785	CALC
1ST	7+7/8	4+1/2		0	6,969	1,540	450	7,008	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:

<u>FORMATION LOG INTERVALS AND TEST ZONES</u>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WASATCH G	2,221	2,436	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	2,436	3,492	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	3,492	3,832	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	3,832	6,075	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO COAL	6,075	6,301	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,301	6,449	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	6,449	6,693	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	6,693		<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>			
1633557	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1633556	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>			
1633555	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)