

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	20+0/0	16+0/0	65	0	90	4	0	90	CALC
SURF	14+3/4	9+5/8	36	0	2,721	1,425	0	2,721	VISU
1ST	8+3/4	4+1/2	11.6	0	9,454	1,882	3,040	9,454	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF		130	0	2,721
1 INCH	SURF		130	0	2,721
1 INCH	SURF		140	0	2,721

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	2,744	4,575	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	4,575	6,067	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,067	8,337	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,337	8,619	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,619	8,819	<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: Joan Proulx

Title: Regulatory Analyst Date: 10/15/2010 Email: joan_proulx@oxy.com

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Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400087021	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400087019	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400086960	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400086974	LAS-DENSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400086976	LAS-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400086977	LAS-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400086978	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400086981	LAS-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400086982	LAS-DENSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400086990	LAS-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)