



**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          |       | 0             | 894           | 357       | 0       | 894     | CALC   |
| 1ST         | 7+7/8        | 4+1/2          |       | 0             | 7,658         | 625       | 2,210   | 7,658   | 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                    |   |
| NIOBRARA       | 7,157          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT HAYS      | 7,468          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL         | 7,513          |        | <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: Justin Garrett

Title: Regulatory Specialist Date: 1/20/2011 Email: JDGarrett@nobeenergyinc.com

### Attachment Check List

| Att Doc Num                 | Document Name          | attached ? |                                     |    |                                     |
|-----------------------------|------------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                        |            |                                     |    |                                     |
| 400114621                   | CMT Summary *          | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Core Analysis          | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 400114622                   | 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>    |                        |            |                                     |    |                                     |
| 400114607                   | FORM 5 SUBMITTED       | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400114611                   | LAS-TRIPLE COMBINATION | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400114613                   | LAS-CEMENT BOND        | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400114620                   | LAS-DIRECTIONAL SURVEY | 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)