

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	
WILLIAMS FORK	6,008		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,691		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,145		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Top of gas MD= 7284', hard copies of logs sent in 6/27/2011.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Liz Lindow

Title: Regulatory Analyst Date: _____ Email: llindow@nobleenergyinc.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400150489	CEMENT JOB SUMMARY
400179548	LAS-CEMENT BOND
400179557	LAS-PULSED NEUTRON
400179569	DIRECTIONAL SURVEY

Total Attach: 4 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)