

Cement work date: 04/14/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	4,033	441	920	4,033

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	
PARKMAN	4,266		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,787		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,466		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,740		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,760		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,149		<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: Cindy Vue

Title: Regulatory Analyst II Date: 7/14/2011 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400184974	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400184973	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"/>
Other Attachments			
400184971	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Preliminary Form 5, no CBL yet.	3/4/2011 2:17:45 PM
Permit	ATTACHED D.S. IS OKAY, NEED ALL LOGS.	3/2/2011 3:31:29 PM

Total: 2 comment(s)