

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	
MESAVERDE	4,516		<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,778		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,987		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,346		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

CEMENT SUMMARY AND DIRECTIONAL SURVEY WERE SENT WITH THE PRELIMINARY FROM 5 ON 09/23/2009.

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: REG ANALYST Date: 5/14/2010 Email: JOAN_PROULX@OXY.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
2554545	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>
Permit	Log upload requested.	9/17/2010 1:46:23 PM

Total: 1 comment(s)