

Cement work date: 04/21/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,787	664	1,028	5,787

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	4,302	4,565	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,689	5,015	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,349		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,622		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,646		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,096		<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: 7/15/2011 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400185738	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400185737	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			
400185730	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.	3/1/2011 8:44:21 AM
Permit	D.S. OKAY, HAVE LAS LOGS, NEED PAPER LOGS.	3/3/2011 9:06:01 AM

Total: 2 comment(s)