

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	
PARKMAN	3,825	3,912	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,271	4,888	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,046		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,328		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,349		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,810		<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: 7/19/2011 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400186654	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400186653	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"/>
<u>Other Attachments</u>			
400186634	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	PAPER LOGS HRI 2201934 CD/CN/MICRO 2201933 GR/CCL/CB/VDL 2201932 IN SCANNING.	3/4/2011 9:43:00 AM
Permit	e-mailed Cindy Vue to request paper copies of CBL and Triple Combo.	7/21/2011 3:49:56 PM

Total: 2 comment(s)