

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	
WASATCH G	2,428	2,617	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	2,617	3,719	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	3,719	4,134	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,134	6,126	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO COAL	6,126	6,356	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,356	6,512	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	6,512	6,612	<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: Julie Justus

Title: Regulatory Specialist

Date: 5/24/2011

Email: jjustus@chevron.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400168593	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400168595	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>			
400168592	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>

Total: 0 comment(s)