



Cement work date: 07/25/2011

Details of work:

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| DV TOOL     | 1ST    | 5,973                             | 679           | 860        | 5,973         |

21. Formation log intervals and test zones:

| <b>FORMATION LOG INTERVALS AND TEST ZONES</b> |                |        |                          |                          |   |
|---|----------------|--------|--------------------------|--------------------------|---|
| FORMATION NAME                                | Measured Depth |        | Check if applies         |                          | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
|   | Top            | Bottom | DST                      | Cored                    |   |
| PARKMAN                                       | 4,340          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SUSSEX  | 4,670          | 4,730  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SHANNON                                       | 5,256          | 5,468  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA                                      | 7,548          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT HAYS                                     | 7,854          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL  | 7,878          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| J SAND  | 8,308          |        | <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: Emily Carrender

Title: Operation Specialist I Date: 8/30/2011 Email: emily.carrender@anadarko.com

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ?                              |  |
|-----------------------------|-----------------------|---|--|
| <b>Attachment Checklist</b> |                       |   |  |
| 400201309                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400201308                   | 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"/> |
| <b>Other Attachments</b>    |                       |   |  |
| 400201289                   | FORM 5 SUBMITTED      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

### General Comments

| User Group | Comment                         | Comment Date            |
|------------|---------------------------------|-------------------------|
| Engineer   | Preliminary Form 5, no CBL yet. | 9/8/2011<br>12:12:41 PM |

Total: 1 comment(s)