

Cement work date: 07/15/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,583	724	530	5,583

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	4,403	4,600	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,880	5,060	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX-SHANNON	5,411	5,485	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,637	7,945	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,945	8,018	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,018	8,439	<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,457		<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 ?	
Attachment Checklist			
400201284	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400201283	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			
400201270	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 12:11:10 PM

Total: 1 comment(s)