

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 | |
| PIERRE | 2,640 | 2,875 | <input type="checkbox"/> | <input type="checkbox"/> | |
| PARKMAN | 3,720 | 3,850 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,414 | 4,510 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 6,878 | 6,920 | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,956 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,238 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,261 | 7,452 | <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: Justin Garrett

Title: Regulatory Specialist Date: 9/8/2011 Email: JDGarrett@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|------------------------|---|--|
| Attachment Checklist | | | |
| 400203921 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400203924 | 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 checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400203922 | Other | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Other Attachments | | | |
| 400203915 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400203925 | LAS-DIRECTIONAL SURVEY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400203926 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400203928 | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)