

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	2,850	370	2,378	2,850

Details of work:

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	
MESAVERDE	1,276	1,830	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	1,831	3,827	<input type="checkbox"/>	<input type="checkbox"/>	
ILES	3,838	5,002	<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	5,003	7,094	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
NIOBRARA	7,095	8,728	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Vertical Section of Well D&A'd. Iso Plug #1 set @ 8728'-7987' 146 sx. Iso Plug #2 set@ 7987'-7201' 147 sx.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Marina Ayala

Title: Permitting Technician Date: _____ Email: marina.ayala@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400242509	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400242518	Core Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400242506	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"/>
400242511	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400242463	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400242467	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400242482	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)