

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	16	42	0	60	40	0	60	CALC
SURF	14+3/4	10+3/4	40.50	0	1,528	845	0	1,528	CALC
1ST	9+7/8	7+5/8	26.40	0	7,529	510	3,040	7,529	CALC
2ND	6+3/4	5	23.20	0	14,290	563	5,910	14,306	CBL

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	3,017	480	1,400	3,040

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	
ROLLINS	5,331	5,602	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	5,603	5,848	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	5,849	7,145	<input type="checkbox"/>	<input type="checkbox"/>	
CASTLEGATE	7,146	7,790	<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	7,791	8,656	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	8,657	14,306	<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: Marina Ayala

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

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400255074	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400255075	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"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400255071	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400255072	LAS-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400255073	LAS-PLATFORM EXPRESS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400255077	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)