

Cement work date: 11/26/2011

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	8,008	1,015	746	8,008

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	
PARKMAN	4,289		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,747		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,245		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,359		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,665		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,121		<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: Cindy Vue

Title: Regulatory Analyst II Date: 2/16/2012 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400252875	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400252874	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			
400252871	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400252878	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)