



**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
WASATCH G	2,226		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,606		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,281		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,027		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: SURFACE PRESSURE = 0#.

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

Signed: \_\_\_\_\_ Print Name: ANGELA J. NEIFERT

Title: PERMITTING Date: 2/8/2011 Email: ANGELA.NEIFERT@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
1634635	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1634634	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"/>
<b>Other Attachments</b>			
1634633	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	off hold--7/27/11 RAB 1669700	2/24/2012 3:41:22 PM
Permit	Requesting hard copy of CBL.	7/12/2011 11:57:29 AM

Total: 2 comment(s)