

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	20	133	30	90		30	90	VISU
SURF	17+1/2	13+3/8	54.5	30	767	402	30	767	VISU
1ST	12+1/4	9+5/8	40	30	6,884	1,427	30	6,884	CALC
1ST LINER	8+3/4	7	26	6506	7,040	30	6,910	7,040	CALC
2ND LINER	6	4+1/2	11.6	6955	12,387	350	6,910	12,387	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/11/2011

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	
PARKMAN	3,558	4,388	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,388	5,022	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,022	6,720	<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,720	7,036	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,036		<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: Erin Bibeau

Title: Regulatory Compliance Rep Date: 4/2/2012 Email: ebibeau@marathonoil.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
2532368	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400264556	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			
400245886	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400245895	MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400245897	TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400245901	CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400245988	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400264555	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400266879	MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400267282	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Engineer	Emailed operator, Plug back total depth was sent in as 0 and 0.	5/16/2012 9:24:44 AM
Permit	Updated form with surface casing cement ticket.	5/16/2012 6:27:46 AM
Permit	Waiting on surface casing cement ticket.	5/14/2012 11:24:46 AM

Total: 3 comment(s)