

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	
PIERRE	2,444		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,611		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,171		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,710		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,054		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,366		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,387		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Hard copies of logs were mailed to COGCC on 5/14/2012

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

Signed: _____ Print Name: Tania McNutt

Title: Regulatory Analyst Date: 5/14/2012 Email: tmcnutt@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400284390	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400263921	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"/>
400284393	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400263888	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400264011	CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400264013	TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400312265	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Off Hold. Attached new directional template per operator.	3/3/2012 6:52:56 AM
Permit	On hold. Requested directional template.	7/31/2012 1:58:27 PM

Total: 2 comment(s)