



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			<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	4,441		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,957		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,934		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,483		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,732		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,755		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,852		<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	8,151		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	8,191		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,208		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	8,412		<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: Sarah Finnegan

Title: Regulatory Analyst Date: 8/6/2012 Email: sfinnegan@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400302774	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400302776	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"/>
<b>Other Attachments</b>			
400302628	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400302739	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400302742	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400306369	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400337880	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400337881	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>
Permit	Top of Codell confirmed by operator to be 7555'.	10/22/2012 11:48:28 AM
Permit	On hold pending confirmation of Codell top.	10/22/2012 11:04:18 AM

Total: 2 comment(s)