



Cement work date: 12/13/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		300	11	830
	S.C. 1.1		220	3,800	4,650

Details of work:

Control well w/ 20 bbls kill fluid. RIH w/ 2 5/8" bit and 4 1/2" scraper 200 jts. Tag fill at 7178'. RIH w/WLTC-RBP. RBP set @ 6730' KB w/ 215 jts. Roll hole clean. PSI test csg to 1500#, good test. Dump 2 sks of sand on plug. Unland casing. RIH w/ 1 1/4" mule shoe 148 jts 3.02# N-80 CSH.

Pick Up mule shoe and TIH w/148 jts of 1 1/4" to 4633'. Pump 220 sks of 13.5# fraccem cement from 3800' to 4650'. Run back in with mule shoe and 27 jts of 1 1/4" to 845. Pump 300 sks of "G" neat 15.8 ppg cement from 830 to surface. Relanded casing with 90K pulled. Run logs from 5000' to surface, cement was sporadic from 4600' to 3800' and good bond from 840' to surface. TIH w/ Ret head, release plug. Land 2 3/8" 4.7# J-55 tubing to 7148.72'.

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Gamma Ray CCL/CBL hard copy will be mailed

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

Signed: \_\_\_\_\_ Print Name: Julie Webb

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: juliewebb@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400384612	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)