

Cement work date: 09/28/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		230	4,200	5,030
	S.C. 1.1		300	0	860

Details of work:

Control well w/ kill fluid. RIH w/ 2 7/8" blade bit, and scraper, 239 jts. Tagged fill at 7521 KB. TIH w/ RBP, retrieved head, 128 jts. Set RBP @ 7280' KB w/ 232 jts. Roll hole clean. PSI test csg to 500#, good test. Dump 1 sk of sand on plug. Unland casing. Pick Up mule shoe and TIH w/28 jts of 1 1/4" to 878'. Roll hole clean. Pump 230 sks of "G" neat 15.8 ppg cement from 5018' to 4200'. Pump 300 sks of "G" neat 15.8 ppg cement from 860' to surface. Bond log from 5239' to surface. Cement bond looked good from 5030' to 3960 and from 900' to surface. RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. Test in hole to 6000 psi. Land 1 1/4" 2.30# J-55 tubing to 7370. Rig down and move off.

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 copies 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: 3/21/2013 Email: juliewebb@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400393835	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"/>
<u>Other Attachments</u>			
400392441	DRILLING COMPLETION REPORT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400397664	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)