

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	2,667		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,601		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,264		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,926		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,756		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,040		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,070		<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: JEAN MUSE-REYNOLDS

Title: Regulatory Compliance Date: 3/27/2013 Email: jmuse@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400388775	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400388777	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"/>
<u>Other Attachments</u>			
400380982	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400388437	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400388767	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400388787	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Received and attached Triple Combination. Ready to pass.	7/2/2013 2:10:29 PM
Permit	Reminded opr that this form is WO the PDF of the triple combo.	6/28/2013 3:11:46 PM
Permit	On hold. Ready to pass pending receipt of logs.	4/4/2013 10:46:22 AM

Total: 3 comment(s)