



**STAGE/TOP OUT/REMEDIAL CEMENT**

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                    |   |
| SHARON SPRINGS | 7,156          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA       | 7,353          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |

Comment:

Due to anti-collision needs and the variability of directional drilling, our as-drilled BHL could be different than the permitted.

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

Signed: \_\_\_\_\_ Print Name: Katie Kistner

Title: Regulatory Analyst Date: 10/8/2013 Email: katie.kistner@anadarko.com

**Attachment Check List**

| Att Doc Num                        | Document Name         | attached ?                              |  |
|------------------------------------|-----------------------|---|--|
| <b><u>Attachment Checklist</u></b> |                       |   |  |
| 400491693                          | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                                    | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400491694                          | 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><u>Other Attachments</u></b>    |                       |   |  |
| 400491666                          | FORM 5 SUBMITTED      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400491681                          | PDF-CEMENT BOND       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400491685                          | PDF-GAMMA RAY         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400491686                          | PDF-GAMMA RAY         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400491687                          | LAS-GAMMA RAY         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400491688                          | PDF-MUD               | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400491689                          | PDF-MUD               | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400491690                          | LAS-MUD               | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400491692                          | LAS-GAMMA RAY         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400491695                          | DIRECTIONAL DATA      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

## General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
|                   |                |                     |

Total: 0 comment(s)