



Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	16	84	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	1,213	499	0	1,213	VISU
1ST	8+3/4	7	26	0	6,110	510	890	6,110	CALC
1ST LINER	6+1/8	4+1/2	11.6	6013	9,902	0			

**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	
PIERRE	1,215		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,274		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	3,914		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,387		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,016		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,753		<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: Kathleen Mills

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

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400584999	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400585002	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>			
400581381	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400581403	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400581405	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400581408	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400581409	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400581412	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400581414	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400581415	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400585005	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)