



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	75	0	122	80	0		VISU
SURF	13+3/4	9+5/8	36	0	598	337	0	598	VISU
1ST	8+3/4	7	26	0	7,178	604	1,152	7,178	CALC
1ST LINER	6+1/8	4+1/2	11.6	7111	11,199	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	2,549		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,633		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,418		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,055		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,969		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,679		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

GPS TAKEN ON CONDUCTOR

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>			
400590429	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400590430	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>			
400590421	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400590422	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400590423	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400590424	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400590425	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400590426	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400590428	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400590432	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400590455	LAS-GAMMA RAY	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)