

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	20	75	0	102	270	0	102	CALC
SURF	14+3/4	10+3/4	45.5	0	3,547	1,660	0	3,547	CBL
1ST	9+7/8	7	26	0	8,470	1,431	3,425	8,470	CBL
2ND	6+1/8	4+1/2	15.1	0	12,610	978	5,200	12,610	CALC
3RD									CALC
1ST LINER									CALC

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	
WASATCH G	5,288	7,098	<input type="checkbox"/>	<input type="checkbox"/>	CORRECTED & FINAL FORM 5 FOR THIS WELL:
OHIO CREEK	7,098	7,964	<input type="checkbox"/>	<input type="checkbox"/>	CONDUCTOR HOLE & PIPE SIZE ARE CORRECTED.
WILLIAMS FORK - CAMEO	7,964	11,340	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,340	11,530	<input type="checkbox"/>	<input type="checkbox"/>	(SEE OGCC COMMENTS ON NEXT PAGE FOR INFO RE:
COZZETTE	11,530	11,830	<input type="checkbox"/>	<input type="checkbox"/>	CASING, LINER & CEMENT.)
CORCORAN	11,830	12,610	<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: Y Print Name: KIM TRAYLOR

Title: REGULATORY TECH ASST. Date: 4/10/2008 Email: KIMBERLEE.TRAYLOR@EXXONMOBIL.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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>			
2033976	FORM 5 SUBMITTED	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)