

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	30	16	65	0	113	432	0	113	CALC
SURF	12+1/4	9+5/8	40	0	873	356	0	885	CALC
1ST	8+3/4	7	26	0	7,512	639	0	7,523	CALC
2ND	6+1/8	4+1/2	13.5	7523	11,722	350	6,522	11,735	CBL

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	
NIOBRARA		7,600	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON		4,638	<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS		7,155	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX		4,365	<input type="checkbox"/>	<input type="checkbox"/>	
TEEPER BUTTES		6,082	<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: Erin Lind

Title: Regulatory Analyst Date: _____ Email: erin.lind@encana.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400645763	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400645761	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>			
400645730	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400645742	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400645751	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400645756	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400645766	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)