

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	16	75	0	124	80	0	14	CALC
SURF	13+3/4	9+5/8	36	0	692	357	0	692	VISU
1ST	8+3/4	7	26	0	7,265	580	1,834	7,265	CBL
1ST LINER	6+1/8	4+1/2	11.6	7135	11,185	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	3,060		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,771		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,626		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,185		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,079		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,871		<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: 4/30/2013 Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400411518	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400411519	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"/>
Other Attachments			
400411461	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400411471	CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400411477	GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400411480	GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400411522	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Per operator, corrected casing status. removed .las files.	6/16/2014 10:43:27 AM
Permit	ON HOLD: Requested status on casing, currently all blank. Requested removal of .las files.	4/30/2014 9:37:33 AM

Total: 2 comment(s)