

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	5,970	154	5,933	6,310

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	

Comment:

FORM 5A WILL BE SUBMITTED FOR THE NB-CD REFRAC, THAT FOLLOWED AFTER THE REMEDIAL CEMENT WORK. WELLBORE DIAGRAM REFLECTS NEW PERFS SHOT.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: DOREEN GREEN

Title: REGULATORY ANALYST Date: _____ Email: RSCDJPOSTDRILL@ANADARKO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401182699	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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 checked="" type="checkbox"/>	No <input type="checkbox"/>
401182698	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
401177026	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401182708	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401185086	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)