



**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	36.00	0	785	309	0	801	CALC
1ST	7+7/8	4+1/2	26.00	0	9,058	780	3,596	9,058	CBL

ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	6,721		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,992		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,016		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,079		<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	7,460		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,471		<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	7,718		<input type="checkbox"/>	<input type="checkbox"/>	
LYONS	7,849		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	8,797		<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: Eileen Roberts

Title: Regulatory Specialist Date: 10/15/2010 Email: eroberts@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400100854	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400100852	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

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**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)