

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
CONDUCTOR	26	18		0	76		0	78	CALC
SURF	12+1/4	8+5/8		0	1,016	335	0	1,035	CALC
1ST	7+7/8	4+1/2		0	6,739	750	500	6,768	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	
WASATCH	1,981	2,121	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	2,121	3,144	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	3,144	3,472	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	3,472	3,818	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO COAL	5,768	5,977	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	5,977	6,133	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	6,133	6,367	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	6,367	6,640	<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: JULIE JUSTUS

Title: REGULATORY SPECIALIST Date: 3/4/2011 Email: JJUSTUS@CHEVRON.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2592475	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2592476	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
2592474	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2592477	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

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General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)