



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	24+0/0	16+0/0	65	0	120	4	0	120	CALC
SURF	14+3/4	9+7/8	36	0	2,691	933	0	2,691	CALC
1ST	8+3/4	4+1/2	11.6	0	9,188	1,806	1,900	9,188	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 G	4,626	4,812	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	4,812	6,061	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,061	6,277	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,277	8,688	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,688	9,076	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,076		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Subsequent Form 5 to add formation intervals, top of cement, log upload

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

Signed: \_\_\_\_\_ Print Name: Joan Proulx

Title: Regulatory Analyst Date: 3/21/2011 Email: joan\_proulx@oxy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400144610	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400144623	LAS-POROSITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

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General Comments

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

Total: 0 comment(s)