

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	18		48	80	135	0	80	CALC
SURF	14+3/4	9+5/8		0	3,971	2,101	0	3,971	CALC
1ST	7+7/8	4+1/2		0	12,907	1,441	7,320	12,907	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	
MESAVERDE	7,995		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	11,268		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,676		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	11,818		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	12,039		<input type="checkbox"/>	<input type="checkbox"/>	
SEGO	12,650		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

SURFACE PRESSURE = 0#. LOGS WILL BE SUBMITTED TO THE COGCC BY THE SERVICE COMPANY UPON PAD DRILLOUT. WILLIAMS WILL UPLOAD DIGITAL LOGS TO THE COGCC WEBSITE. WAITING ON COMPLETIONS.

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

Signed: _____

Print Name: JENN MENDOZA

Title: PERMIT TECH

Date: 2/10/2011

Email: JENN.MENDOZA@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2517389	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2517388	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>			
2517387	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2517390	FORM 5 SUBMITTED	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>
Permit	This is Preliminarey 5, e-mailed Opr-Jenn, requesting digital logs, CBL, Final Form 5.	7/25/2011 11:23:58 AM

Total: 1 comment(s)