



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

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

Details of work:

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	
FOX HILLS	828		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

8/18/11 -WOC, PRESSURE CAME UP TO 366 ON BACK SIDE. GAS OBSERVED BUBBLING UP FROM GROUND OUTSIDE SURFACE CSG IN CELLAR. OPEN TO FLARE PIT AND VENT GAS. MONITOR PRESSURE, 100 PSI IN 5 MIN 30 SEC. WELL OPENED AND VENTED TO FLARE PIT. SHUT IN. PRESSURE ROSE TO 100 PSI IN 7 MIN 20 SEC. WELL OPENED AND VENTED TO FLARE PIT. NO GAS COMING FROM GROUND AFTER 20:00.  
 8/19/11- WELL CONTROL. MONITOR WELL. RR @ 11:00 8/19/11.

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

Signed: \_\_\_\_\_ Print Name: Cindy Vue

Title: Regulatory Analyst II Date: \_\_\_\_\_ Email: Cindy.Vue@anadarko.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400267261	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400267262	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400267263	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400267269	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)