

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	
PIERRE	689		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	4,179		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,732		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,515		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,215		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,516		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,982		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

CODELL AND J SAND ARE PRODUCING THROUGH COMPOSITE FLOW-THROUGH PLUGS
LOG COPIES SENT UNDER SEPARATE COVER.

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

Signed: _____ Print Name: JEAN MUSE-REYNOLDS

Title: Regulatory Compliance Date: _____ Email: jmuse@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400341633	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400341632	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"/>
Other Attachments			
400341614	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400341626	LAS-DIRECTIONAL SURVEY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400341627	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400341631	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)