



Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	30	20		0	90	48	0	90	CALC
SURF	13+1/2	10+3/4	40.5	0	613	372	0	613	CALC
1ST	9+7/8	7+5/8	17	0	1,738	165	900	1,738	CALC
1ST LINER	6+3/4	5+1/2		1502	3,830	0			

### STAGE/TOP OUT/REMEDIAL CEMENT

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	
NIOBRARA	1,724	3,453	<input type="checkbox"/>	<input type="checkbox"/>	Buck Pk 1724 top, 1796 base; Tow Ck 2050 top, 2136 base; Wolf Mtn 2215 top, 2361 base, Basal 3381 top, 3453 base.
CARLILE	3,453	3,736	<input type="checkbox"/>	<input type="checkbox"/>	
FRONTIER	3,736		<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: Nancy Feck

Title: Environmental Technician Date: \_\_\_\_\_ Email: n.feck@shell.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400347742	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400347730	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"/>
<b>Other Attachments</b>			
400346806	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400347809	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400347810	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400347814	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400347819	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400347820	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

**User Group**

**Comment**

**Comment Date**

User Group	Comment	Comment Date

Total: 0 comment(s)