

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	2,617		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,624		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,529		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,081		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,913		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,622		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,895		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,330		<input type="checkbox"/>	<input type="checkbox"/>	
LYONS	8,608		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Confidential Status is requested with an effective date of May 8, 2013. Special drilling techniques are being used.

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			
400415441	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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"/>
Other Attachments			
400415366	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400415368	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400415516	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400415905	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)