

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	16	42.09	0	130	160	0	130	VISU
SURF	13+3/4	9+5/8	36	0	631	354	0	631	VISU
1ST	8+3/4	7	26	0	7,205	575	1,570	7,205	CALC
1ST LINER	6+1/8	4+1/2	11.6	7099	11,276	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	
PIERRE	2,281		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,539		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,298		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,895		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,830		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,732		<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: Kathleen Mills

Title: Regulatory Analyst Date: _____ Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400461126	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400461128	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			
400461093	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400461103	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400461109	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400461110	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400461116	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400461122	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400461124	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400461130	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)