

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	16	42.09	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36	0	629	397	0	629	VISU
1ST	8+3/4	7	26	0	7,120	490	1,326	7,120	CALC
1ST LINER	6+1/8	4+1/2	11.6	7010	11,111	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	2,965		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,679		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,551		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,073		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	5,926		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,741		<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			
400495918	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400495920	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			
400495887	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400495898	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400495901	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400495907	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400495908	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400495910	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400495915	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400495916	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400495921	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)