

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	80	0	130	VISU
SURF	13+3/4	9+5/8	36	0	1,002	423	0	1,002	VISU
1ST	8+3/4	7	26	0	7,621	625	875	7,621	CALC
1ST LINER	6+1/8	4+1/2	11.6	7527	11,908	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	973		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,738		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,313		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,958		<input type="checkbox"/>	<input type="checkbox"/>	
TEEPEE BUTTES	6,307		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,269		<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			
400611186	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400611187	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			
400611169	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400611172	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400611174	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400611176	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400611177	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400611181	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400611182	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400611184	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400611189	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)