



### 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:

### FORMATION LOG INTERVALS AND TEST ZONES

| FORMATION NAME | Measured Depth |        | Check if applies |       | COMMENTS (All DST and Core Analysis must be submitted to COGCC) |
|----------------|----------------|--------|------------------|-------|-----------------------------------------------------------------|
|                | Top            | Bottom | DST              | Cored |                                                                 |
| PIERRE         | 1,041          |        |                  |       |                                                                 |
| PARKMAN        | 3,539          |        |                  |       |                                                                 |
| SUSSEX         | 4,344          |        |                  |       |                                                                 |
| SHANNON        | 4,910          |        |                  |       |                                                                 |
| TEEPEE BUTTES  | 5,768          |        |                  |       |                                                                 |
| NIOBRARA       | 6,719          |        |                  |       |                                                                 |

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 ?                              |                                        |
|-----------------------------|-----------------------|-----------------------------------------|----------------------------------------|
| <b>Attachment Checklist</b> |                       |                                         |                                        |
| 400733135                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400733136                   | 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>    |                       |                                         |                                        |
| 400732939                   | PDF-CEMENT BOND       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400732947                   | LAS-MUD               | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400732954                   | PDF-MUD               | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400732960                   | LAS-MUD               | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400732966                   | PDF-MUD               | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400733129                   | LAS-GAMMA RAY         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400733130                   | PDF-GAMMA RAY         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400733131                   | PDF-GAMMA RAY         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400733188                   | 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)