

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

DRILLING COMPLETION REPORT

Document Number:

400088394

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 27742 4. Contact Name: Mickenzie Gates
2. Name of Operator: EOG RESOURCES INC Phone: (435) 781-9145
3. Address: 600 17TH ST STE 1100N Fax: (435) 789-7633
City: DENVER State: CO Zip: 80202

5. API Number 05-123-30586-00 6. County: WELD
7. Well Name: LONGHORN B Well Number: 3-36H
8. Location: QtrQtr: SESW Section: 36 Township: 12N Range: 63W Meridian: 6
Footage at surface: Direction: FSL Distance: 1088 Direction: FWL Distance: 2368
As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:

Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage

at Top of Prod. Zone Distance: 690 Direction: FNL Distance: 319 Direction: FWL
Sec: 36 Twp: 12N Rng: 63W
at Bottom Hole Distance: 4052 Direction: FNL Distance: 1816 Direction: FWL
Sec: 36 Twp: 12N Rng: 63W

9. Field Name: UNNAMED 10. Field Number: 85251
11. Federal, Indian or State Lease Number: 8755.5

12. Spud Date: (when the 1st bit hit the dirt) 06/19/2010 13. Date TD: 07/07/2010 14. Date Casing Set or D&A: 06/29/2010

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11480 TVD 7379 17 Plug Back Total Depth MD 7747 TVD 7357

18. Elevations GR 5342 KB 5364 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
CBL/VDL/GR/CCL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
CONDUCTOR	24	16		60		60	0
SURF	13+1/2	9+5/8		1,460	600	1,450	0
1ST	8+3/4	7		7,790	882	7,790	0
1ST LINER	6+1/4	4+1/2					

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
WHITE RIVER	0		<input type="checkbox"/>	<input type="checkbox"/>	
FOX HILLS	897		<input type="checkbox"/>	<input type="checkbox"/>	
PIERRE	1,122		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	3,438		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	4,345		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,270		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Additional formation tops: Sharon Springs 7210'
The As-Drilled Plat will be forwarded to the COGCC upon receipt from the EOG surveyor.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Mickenzie Gates

Title: Operations Clerk Date: _____ Email: mickenzie_gates@eogresources.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400093263		Longhorn B 3-36H.pdf

Total Attach: 1 Files