

FORM
5A
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

Document Number:

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COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 27742
2. Name of Operator: EOG RESOURCES INC
3. Address: 600 17TH ST STE 1100N
City: DENVER State: CO Zip: 80202
4. Contact Name: Shaun Moxcey
Phone: (303) 824-5586
Fax: (303) 824-5400

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
9. Field Name: HEREFORD Field Code: 34200

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 09/12/2010 Date of First Production this formation: 09/03/2010
Perforations Top: 8016 Bottom: 11402 No. Holes: 714 Hole size: 0.39

Provide a brief summary of the formation treatment: Open Hole:
616,613 gals treated water, 569,968 gals gelled water and 892,279# 20/40 sand and 575,856# 30/50 sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/02/2010 Hours: 24 Bbls oil: 267 Mcf Gas: 152 Bbls H2O: 160
Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: Flowing Casing PSI: 210 Tubing PSI: _____ Choke Size: 10/64
Gas Disposition: FLARED Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

Frac treatment began 7/28/10 - 8/5/10.

Tubing PSI: N/A

This well is commingled with the Longhorn B 5-36H well. The oil and gas are allocated as follows:

Oil Production: Allocation to the well will be made through an individual well test. The well will be tested monthly for a minimum of 24 hours. Prior to testing, the well will be put through the test equipment to purge the test equipment and flowlines.

The well will then be tested for a minimum of 24 hours. Oil is pumped through a test treater and a turbine meter measures the volume.

The oil is then pumped into the Longhorn Tank Battery and commingled with the oil production from the Longhorn 5-36H.

The well tests will be totaled and compared to the LACT volumes at the Longhorn Tank Battery. The well will be allocated a pro-rata oil volume based on the LACT measurements. All reported well volumes will include a measured API gravity for the LACT.

Corrected volumes and the API gravities will be reported to the State of Colorado on Form 7.

Gas Production: During the oil test, gas will be measured through an orifice meter and recorded via a Fisher electronic flow meter. A

pumper will record the 24 hour volume and the data will be downloaded and stored after each test. The gas will go back into

existing piping and be commingled with the gas production from the Longhorn 5-36H. The total gas from the Longhorn Tank Battery

will be measured and flared. Each well will be allocated a pro-rated gas volume based on individual well test and the total volume

through the Longhorn Tank Battery flare meter. Gas will be reported on a MCF basis as produced flared and used to the state of

Colorado on Form 7.

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

Signed: _____

Print Name: Shaun Moxcey

Title: Regulatory Administrator

Date: _____

Email shaun_moxcey@eogresources.com

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

COGCC Approved: _____

Director of COGCC

Date: _____