

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



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COMPLETED INTERVAL REPORT

Document Number:

2511699

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 4. Contact Name: MICHELLE ROBLES  
 2. Name of Operator: EOG RESOURCES INC Phone: (307) 276-4842  
 3. Address: 600 17TH ST STE 1100N Fax: (307) 276-3335  
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-30749-00 6. County: WELD  
 7. Well Name: RED POLL Well Number: 10-16H  
 8. Location: QtrQtr: SESE Section: 16 Township: 11N Range: 63W Meridian: 6  
 9. Field Name: HEREFORD Field Code: 34200

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING  
 Treatment Date: 06/01/2010 Date of First Production this formation: 07/24/2010  
 Perforations Top: 7848 Bottom: 12060 No. Holes: 754 Hole size: 39/100  
 Provide a brief summary of the formation treatment: Open Hole:   
 FRACED WITH 226,045 FALS TREATED WATER, 1,632,361 GALES GELLED WATER, 0# 100 MESH SAND, 794,588 # 30/50, 0# 40/70 SAND AND 1,049,788 # 20/40 SAND.  
 \*\*\*\*\*FLUIDS WERE SOLD PRIOR TO COMPLETION.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 03/19/2010 Hours: 24 Bbls oil: 1122 Mcf Gas: 867 Bbls H2O: 46  
 Calculated 24 hour rate: Bbls oil: 1122 Mcf Gas: 867 Bbls H2O: 46 GOR: 772  
 Test Method: FLOWING Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
 Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ BTU Gas: \_\_\_\_\_ API Gravity Oil: 37  
 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:  
REVISED FROM PREVIOUS SUBMISSION

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.  
 Signed: \_\_\_\_\_ Print Name: MICHELLE ROBLES  
 Title: REGULATORY ASSISTANT Date: 8/6/2010 Email MICHELLE\_ROBLES@EOGRESOURCES.CO

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: David S. Neslin Director of COGCC Date: 12/14/2010

**Attachment Check List**

Att Doc Num	Name
2511699	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)