

**FORM
5A**Rev
02/08State 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

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.

Document Number:

2511699

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 ROBLESTitle: 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)