

**FORM
5**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



DE ET OE ES

Document Number:

400114336

DRILLING COMPLETION REPORT

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: 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 05-123-31191-00

6. County: WELD

7. Well Name: Garden Creek

Well Number: 09-16H

8. Location: QtrQtr: SESE Section: 16 Township: 11N Range: 62W Meridian: 6

Footage at surface: Distance: 501 feet Direction: FSL Distance: 600 feet Direction: FEL

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: 408 feet Direction: FNL Distance: 258 feet Direction: FWL

Sec: 16 Twp: 11N Rng: 62W

at Bottom Hole Distance: 4324 feet Direction: FNL Distance: 3525 feet Direction: FWL

Sec: 16 Twp: 11N Rng: 62W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: 8723.5

12. Spud Date: (when the 1st bit hit the dirt) 09/01/2010 13. Date TD: 09/14/2010 14. Date Casing Set or D&A: 09/08/2010

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 12444 TVD 7067 17 Plug Back Total Depth MD 12439 TVD 7062

18. Elevations GR 5150 KB 5171

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 and Temp

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	20	16		0	60		0		
SURF	13+1/2	9+5/8	36	0	1,246	541	0	1,246	
1ST	8+3/4	7	23	0	7,334	660	0	7,334	
2ND	6+1/4	4+1/2	11.6	0	12,441	0	0	12,441	

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	
FOX HILLS	550		<input type="checkbox"/>	<input type="checkbox"/>	
PIERRE	820		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	4,054		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,976		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,033		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Additional Formation Top: Terry Sand 3340'

The "As Drilled" Plat will be forwarded to the COGCC upon receipt from the EOG Surveyor.

*****CONFIDENTIAL*****

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: _____ Email: Michelle_Robles@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
400114439	
400114440	
400114441	

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)