

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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Document Number:

400096392

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

4. Contact Name: Shaun Moxcey

2. Name of Operator: EOG RESOURCES INC

Phone: (303) 824-5586

3. Address: 600 17TH ST STE 1100N

Fax: (303) 824-5400

City: DENVER State: CO Zip: 80202

5. API Number 05-123-31532-00

6. County: WELD

7. Well Name: Longhorn B

Well Number: 5-36H

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: 07/27/2010

Date of First Production this formation: 09/07/2010

Perforations	Top:	7886	Bottom:	11112	No. Holes:	714	Hole size:	0.39
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Provide a brief summary of the formation treatment:

Open Hole:

574,328 gals treated water, 542,243 gals gelled water and 871,830# 20/40 sand and 516,625# 30/50 sand.

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date:	09/10/2010	Hours:	24	Bbls oil:	230	Mcf Gas:	134	Bbls H2O:	115
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Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	Bbls H2O:	GOR:
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Test Method: Flowing	Casing PSI: 390	Tubing PSI:	Choke Size: 16/64
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Gas Disposition:	FLARED	Gas Type:		BTU Gas:	0	API Gravity Oil:	32
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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 7/27/10 - 8/5/10.

Tubing PSI: N/A

This well is commingled with the Longhorn B 3-36H. 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 3-36H. 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 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 3-36H. 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: 10/1/2010 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: *David S. Neslin* Director of COGCC Date: 2/7/2011

Attachment Check List

Att Doc Num	Name
400096392	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)