

FORM
5Rev
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:

400128179

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 05-123-32156-00 6. County: WELD
7. Well Name: Garden Creek Well Number: 27-36H
8. Location: QtrQtr: NWNW Section: 36 Township: 11N Range: 62W Meridian: 6
Footage at surface: Distance: 501 feet Direction: FNL Distance: 501 feet Direction: FWL
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: 984 feet Direction: FNL Distance: 636 feet Direction: FWL
Sec: 36 Twp: 11N Rng: 62W
at Bottom Hole Distance: 4648 feet Direction: FNL Distance: 4549 feet Direction: FWL
Sec: 36 Twp: 11N Rng: 62W

9. Field Name: WILDCAT 10. Field Number: 99999
11. Federal, Indian or State Lease Number: 8724.5

12. Spud Date: (when the 1st bit hit the dirt) 10/13/2010 13. Date TD: 11/03/2010 14. Date Casing Set or D&A: 11/05/2010

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 12910 TVD 6856 17 Plug Back Total Depth MD 12904 TVD 685618. Elevations GR 5108 KB 5131

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/CCL/GR/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 | 42 | | 60 | | 0 | 60 | |
| SURF | 13+1/2 | 9+5/8 | 36 | | 1,142 | 520 | 0 | 1,142 | |
| 1ST | 8+3/4 | 7 | 23 | | 7,235 | 824 | 153 | 7,235 | |
| 1ST LINER | 6 | 4+1/2 | 11.6 | | 12,906 | | | 12,906 | |

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 | |
| PIERRE | 900 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 3,100 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| HYGIENE | 4,013 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHARON SPRINGS | 6,835 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,911 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

***** CONFIDENTIAL *****

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

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 |
|-------------|-------|
| 400128219 | |
| 400128221 | OTHER |
| 400151321 | |

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)