

<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>			Document Number:  <div style="text-align: center; font-weight: bold;">400103407</div>				
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 <input type="checkbox"/> Final completion <input checked="" type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: <u>27742</u>		4. Contact Name: <u>Michelle Robles</u>					
2. Name of Operator: <u>EOG RESOURCES INC</u>		Phone: <u>(307) 276-4842</u>					
3. Address: <u>600 17TH ST STE 1100N</u>		Fax: <u>(307) 276-3335</u>					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>					
5. API Number <u>05-123-32156-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>Garden Creek</u>		Well Number: <u>27-36H</u>					
8. Location:    QtrQtr: <u>NWNW</u> Section: <u>36</u> Township: <u>11N</u> Range: <u>62W</u> Meridian: <u>6</u>							
Footage at surface:    Distance: <u>501</u> feet    Direction: <u>FNL</u> Distance: <u>501</u> feet    Direction: <u>FWL</u>							
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    Dist.:    _____    feet. Direction:    _____    Dist.:    _____    feet. Direction:    _____							
Sec:    _____    Twp:    _____    Rng:    _____							
** If directional footage at Bottom Hole    Dist.:    _____    feet. Direction:    _____    Dist.:    _____    feet. Direction:    _____							
Sec:    _____    Twp:    _____    Rng:    _____							
9. Field Name: <u>WILDCAT</u>		10. Field Number: <u>99999</u>					
11. Federal, Indian or State Lease Number: <u>8724.5</u>							
12. Spud Date: (when the 1st bit hit the dirt) <u>10/10/2010</u> 13. Date TD:    _____    14. Date Casing Set or D&A: <u>10/15/2010</u>							
15. Well Classification:							
<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth    MD <u>1142</u> TVD**    _____		17 Plug Back Total Depth    MD    _____    TVD**    _____					
18. Elevations    GR <u>5108</u> KB <u>5131</u>		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:							
<hr/>							

20. Casing, Liner and Cement:

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	13+1/2	9+5/8	36.0	0	1,142	520	0	1,142	CALC

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Drilling Operations have been suspended. EOG Resources, Inc. intends to resume operations in 30 days.

EOG Resources, Inc. respectfully requests that the referenced well be classified as "CONFIDENTIAL".

Measured Depth of 1142' is where surface casing was set.

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: 10/27/2010 Email: Michelle\_Robles@EOGResources.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400103773	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400103407	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

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

Total: 0 comment(s)