

FORM
5
Rev
02/08

State 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

DRILLING COMPLETION REPORT

Document Number:

400157916

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: Mickenzie Gates
2. Name of Operator: EOG RESOURCES INC Phone: (435) 781-9145
3. Address: 600 17TH ST STE 1100N Fax: (435) 789-7633
City: DENVER State: CO Zip: 80202

5. API Number 05-123-30920-00 6. County: WELD
7. Well Name: HOLSTEIN Well Number: 11-28H
8. Location: QtrQtr: SESE Section: 28 Township: 11N Range: 63W Meridian: 6
Footage at surface: Distance: 575 feet Direction: FSL Distance: 600 feet Direction: FEL
As Drilled Latitude: 40.887759 As Drilled Longitude: -104.430500

GPS Data:

Data of Measurement: 04/04/2011 PDOP Reading: 1.2 GPS Instrument Operator's Name: Loren Hanks

** If directional footage

at Top of Prod. Zone Distance: 889 feet Direction: FSL Distance: 934 feet Direction: FEL
Sec: 28 Twp: 11N Rng: 63W
at Bottom Hole Distance: 4636 feet Direction: FSL Distance: 4613 feet Direction: FEL
Sec: 28 Twp: 11N Rng: 63W

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

12. Spud Date: (when the 1st bit hit the dirt) 10/05/2010 13. Date TD: 10/22/2010 14. Date Casing Set or D&A: 10/14/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12832 TVD 7324 17 Plug Back Total Depth MD 7530 TVD 7299

18. Elevations GR 5237 KB 5259

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

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	24	0	60	0	0	60	
SURF	3+1/2	9+5/8	36	0	1,380	620	0	1,380	
1ST	8+3/4	7	23	0	7,575	835	0	7,575	
1ST LINER	6+1/4	4+1/2	11.6	0	12,828	0	0	12,828	

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	0		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	3,494		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	4,150		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,203		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,297		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

*****CONFIDENTIAL*****

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Mickenzie Gates

Title: Regulatory Assistant

Date: _____

Email: mickenzie_gates@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
400162270	DIRECTIONAL SURVEY
400162271	CEMENT JOB SUMMARY
400162272	CEMENT JOB SUMMARY

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)