

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

Document Number:
400176359

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: 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 05-123-31264-00 6. County: WELD
 7. Well Name: Garden Creek Well Number: 2-06H
 8. Location: QtrQtr: SESE Section: 6 Township: 11N Range: 62W Meridian: 6
 Footage at surface: Distance: 600 feet Direction: FSL Distance: 599 feet Direction: FEL
 As Drilled Latitude: 40.946817 As Drilled Longitude: -104.355858

GPS Data:
Data of Measurement: 05/24/2011 PDOP Reading: 1.7 GPS Instrument Operator's Name: Z.A.

** If directional footage
 at Top of Prod. Zone Distance: 1064 feet Direction: FSL Distance: 788 feet Direction: FEL
 Sec: 6 Twp: 11N Rng: 62W
 at Bottom Hole Distance: 628 feet Direction: FSL Distance: 2196 feet Direction: FEL
 Sec: 6 Twp: 11N Rng: 62W

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) 10/14/2010 13. Date TD: 03/10/2011 14. Date Casing Set or D&A: 03/06/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11190 TVD 7416 17 Plug Back Total Depth MD 7612 TVD 7395

18. Elevations GR 5303 KB 5323 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/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	0	60	0	0	60	
SURF	13+1/2	9+5/8	36	0	1,404	628	0	1,404	
1ST	8+3/4	7	23	0	7,658	864	0	7,658	CBL
1ST LINER	6+1/4	4+1/2	11.6	6902	11,190	299	6,902	11,190	

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	
SUSSEX	3,589		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	4,172		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,120		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,182		<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 Assisatnt 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
400176396	
400176401	
400176406	
400176407	

Total Attach: 4 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)