

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



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Document Number:  
400168716

## 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 05-123-31233-00 6. County: WELD  
7. Well Name: Randall Creek Well Number: 04-32H  
8. Location: QtrQtr: NENE Section: 32 Township: 12N Range: 62W Meridian: 6  
Footage at surface: Distance: 501 feet Direction: FNL Distance: 1200 feet Direction: FEL  
As Drilled Latitude: 40.971989 As Drilled Longitude: -104.339194

GPS Data:

Data of Measurement: 05/24/2011 PDOP Reading: 1.5 GPS Instrument Operator's Name: Z.B.

\*\* If directional footage

at Top of Prod. Zone Distance: 1010 feet Direction: FNL Distance: 1000 feet Direction: FEL  
Sec: 32 Twp: 12N Rng: 62W  
at Bottom Hole Distance: 628 feet Direction: FSL Distance: 711 feet Direction: FEL  
Sec: 32 Twp: 12N 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) 03/06/2011 13. Date TD: 03/19/2011 14. Date Casing Set or D&A: 03/14/2011

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 11295 TVD 7295 17 Plug Back Total Depth MD 11289 TVD 7295

18. Elevations GR 5346 KB 5369

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:

GR/CCL/CBL - No open hole logs ran

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
SURF	13+1/2	9+5/8	36	0	1,406	628	0	1,406	
1ST	8+3/4	7	23	0	7,579	850	164	7,579	
1ST LINER	6+1/4	4+1/2	11.6	6771	11,293			11,293	

### 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	
HYGIENE	4,275		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,182		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,282		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Additional Formation Top - Terry Sandstone 3,660

\*\*\*\*\* CONFIDENTIAL \*\*\*\*\*

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
400168756	CEMENT JOB SUMMARY
400168758	CEMENT JOB SUMMARY
400174501	DIRECTIONAL SURVEY

Total Attach: 3 Files

**General Comments**

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

Total: 0 comment(s)