

FORM
5A

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:

400108943

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of 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 05-057-06480-01 6. County: JACKSON
7. Well Name: Surprise Well Number: 4-06H
8. Location: QtrQtr: 11 Section: 6 Township: 6N Range: 80W Meridian: 6
9. Field Name: COALMONT Field Code: 11475

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 09/15/2010 Date of First Production this formation: 10/05/2010
Perforations Top: 7420 Bottom: 11164 No. Holes: 672 Hole size: 0.39

Provide a brief summary of the formation treatment: Open Hole: ☐

Frac'd with 1,234,411 Gals Gelled Water, 770,275 # 20/40 Sand, 650,461 # 30/50 Sand.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 10/08/2010 Hours: 24 Bbls oil: 362 Mcf Gas: 294 Bbls H2O: 385
Calculated 24 hour rate: Bbls oil: 362 Mcf Gas: 294 Bbls H2O: 385 GOR:
Test Method: Flowing Casing PSI: 870 Tubing PSI: Choke Size: 16.5
Gas Disposition: FLARED Gas Type: DRY BTU Gas: 1821 API Gravity Oil: 38
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

Comment:

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

Signed: Print Name: Shaun Moxcey

Title: Regulatory Administrator Date: 11/23/2010 Email shaun_moxcey@eogresources.com

Attachment Check List

Att Doc Num	Name
400108943	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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