



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.

Document Number:

400176589

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 05-123-30994-00

6. County: WELD

7. Well Name: JERSEY

Well Number: 12-25H

8. Location: QtrQtr: NWNW Section: 25 Township: 11N Range: 63W Meridian: 6

9. Field Name: UNNAMED Field Code: 85251

Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 12/18/2010

Date of First Production this formation: 01/15/2011

Perforations	Top:	7588	Bottom:	12832	No. Holes:	336	Hole size:	0.39
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Provide a brief summary of the formation treatment:

Open Hole:

Faced with 2,606,357 gals fresh water, 80,527 gals treated fresh water, 19,154 gals 7.5% acid, 130,814# 20/40 sand and 2,609,325# 100 mesh sand.

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

Test Information:

Date:	03/04/2011	Hours:	24	Bbls oil:	324	Mcf Gas:	291	Bbls H2O:	251
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Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	Bbls H2O:	GOR:
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Test Method: Pumped	Casing PSI: 300	Tubing PSI: 290	Choke Size: 22/64
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Gas Disposition:	FLARED	Gas Type:	DRY	BTU Gas:	1594	API Gravity Oil:	38
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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:

*****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 Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)