

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: 2511960
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion			
1. OGCC Operator Number: <u>27742</u>		4. Contact Name: <u>MICKINZIE GATES</u>	
2. Name of Operator: <u>EOG RESOURCES INC</u>		Phone: _____	
3. Address: <u>600 17TH ST STE 1100N</u>		Fax: _____	
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>	
5. API Number <u>05-123-31221-00</u>		6. County: <u>WELD</u>	
7. Well Name: <u>Garden Creek</u>		Well Number: <u>06-11H</u>	
8. Location: QtrQtr: <u>SESE</u> Section: <u>11</u> Township: <u>11N</u> Range: <u>62W</u> Meridian: <u>6</u>			
Footage at surface: Distance: <u>501</u> feet Direction: <u>FSL</u> Distance: <u>501</u> feet Direction: <u>FEL</u>			
As Drilled Latitude: _____ As Drilled Longitude: _____			
GPS Data:			
Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____			
** If directional footage at Top of Prod. Zone Dist.: <u>678</u> feet. Direction: <u>FSL</u> Dist.: <u>1008</u> feet. Direction: <u>FEL</u>			
Sec: <u>11</u> Twp: <u>11N</u> Rng: <u>62W</u>			
** If directional footage at Bottom Hole Dist.: <u>2676</u> feet. Direction: <u>FNL</u> Dist.: <u>768</u> feet. Direction: <u>FWL</u>			
Sec: <u>11</u> Twp: <u>11N</u> Rng: <u>62W</u>			
9. Field Name: <u>WILDCAT</u>		10. Field Number: <u>99999</u>	
11. Federal, Indian or State Lease Number: _____			
12. Spud Date: (when the 1st bit hit the dirt) <u>04/30/2010</u> 13. Date TD: <u>05/22/2010</u> 14. Date Casing Set or D&A: <u>05/17/2010</u>			
15. Well Classification:			
<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation			
16. Total Depth MD <u>11469</u> TVD** <u>7039</u>		17 Plug Back Total Depth MD <u>7306</u> TVD** <u>6997</u>	
18. Elevations GR <u>5163</u> KB <u>5184</u>		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:			
<u>CCL/CBL/CVDL/GR, MUD -2</u>			
20. Casing, Liner and Cement:			

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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		0	60		0	60	
SURF	13+1/2	9+5/8		0	1,221	640	0	1,221	CALC
1ST	8+3/4	7		0	7,306	830	0	7,306	CBL
1ST LINER	6+1/4	4+1/2		6679	11,465				

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	
WHITE RIVER	0		<input type="checkbox"/>	<input type="checkbox"/>	
FOX HILLS	591		<input type="checkbox"/>	<input type="checkbox"/>	
PIERRE	950		<input type="checkbox"/>	<input type="checkbox"/>	TERRY SAND STONE 3460'
HYGIENE	3,939		<input type="checkbox"/>	<input type="checkbox"/>	SHARON SPRINGS 6836'
NIOBRARA	6,909		<input type="checkbox"/>	<input type="checkbox"/>	

Comment: _____

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

Signed: _____ Print Name: MICKINZIE GATES

Title: OPEARTIONS CLERK Date: 11/8/2010 Email: MICKENZIE_GATES@EOGRESOURCES.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2511961	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2511962	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
2511960	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Hold until missing data is received back from EOG, Mickenzie Gates, emailed 05/11/11. Emailed Mickenzie again on 6/24/2011, with attached form 5 with highlighted missing information boxes.	5/11/2011 9:18:54 AM
Permit	REC DIGITAL AND HARD COPY LOGS	12/20/2010 2:46:28 PM
Permit	REQUESTED HARD COPY AND DIOGITAL COPY LOGS	11/18/2010 10:28:49 AM

Total: 3 comment(s)