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|---|--|--|---|----|----|----|----|
| 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 |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: 2511960 | DE | ET | OE | ES |
| DE | ET | OE | ES | | | | |
| 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 <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 DIGITAL COPY LOGS | 11/18/2010 10:28:49 AM |

Total: 3 comment(s)