

**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:

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## 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: 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	05-123-32660-00
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6. County: WELD

7. Well Name: Lion Creek

Well Number: 02-13H

8. Location: QtrQtr: SESE Section: 13 Township: 11N Range: 64W Meridian: 6

9. Field Name: WILDCAT Field Code: 99999

### Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 04/06/2011

Date of First Production this formation: 05/17/2011

Perforations	Top:	7819	Bottom:	11341	No. Holes:	336	Hole size:	0.39
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Provide a brief summary of the formation treatment:

Open Hole: ☐

Fraced with 176,946 gals linear 15 gel, 368,453 glas lightning D 20 XL, 77,929 gals linear flush and 617,772 # 20/40 sand.

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

**Test Information:**

Date:	04/20/2011	Hours:	24	Bbls oil:	179	Mcf Gas:	73	Bbls H2O:	120
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Calculated 24 hour rate:	Bbls oil:	179	Mcf Gas:	73	Bbls H2O:	120	GOR:
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Test Method: Pumping	Casing PSI: 360	Tubing PSI: 140	Choke Size: 20/64
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Gas Disposition:	FLARED	Gas Type:	DRY	BTU Gas:	1473	API Gravity Oil:	35
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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@eoqresources.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**

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

Total: 0 comment(s)