

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	05-123-32558-00
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6. County: WELD

7. Well Name: Lion Creek

Well Number: 09-35H

8. Location: QtrQtr: SESE Section: 35 Township: 11N Range: 64W Meridian: 6

9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 03/08/2011

Date of First Production this formation: 05/09/2011

Perforations	Top:	7776	Bottom:	11598	No. Holes:	336	Hole size:	0.39
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Provide a brief summary of the formation treatment:

Open Hole:

Fraced with 103,816 gals treated fresh water, 23,112 gals treated fresh water pad, 515,284 gals lightning D 20, 25,142 gals 7.5% acid and 761,111 # 20/40 sand.

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

Test Information:

Date:	05/12/2011	Hours:	24	Bbls oil:	0	Mcf Gas:	6	Bbls H2O:	410
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	6	Bbls H2O:	410	GOR:
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Test Method: Pumping	Casing PSI: 130	Tubing PSI: 160	Choke Size: 18/64
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Gas Disposition:	FLARED	Gas Type:	DRY	BTU Gas:	1552	API Gravity Oil:	35
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Tubing Size:	Tubing Setting Depth:	Tbg setting date:	Packer Depth:
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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)