

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
----	----	----	----

Document Number:
400211732

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 Final completion Preliminary completion

1. OGCC Operator Number: 27742 4. Contact Name: Michelle Robles
2. Name of Operator: EOG RESOURCES INC Phone: (307) 276-4842
3. Address: 600 17TH ST STE 1100N Fax: (307) 276-3335
City: DENVER State: CO Zip: 80202

5. API Number 05-123-31385-00 6. County: WELD
7. Well Name: Fox Creek Well Number: 1-35H
8. Location: QtrQtr: NWNW Section: 35 Township: 12N Range: 63W Meridian: 6
Footage at surface: Distance: 760 feet Direction: FNL Distance: 967 feet Direction: FWL
As Drilled Latitude: 40.971125 As Drilled Longitude: -104.405894

GPS Data:

Data of Measurement: 08/31/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: Robert L. Kay

** If directional footage

at Top of Prod. Zone Distance: 1224 feet Direction: FNL Distance: 1209 feet Direction: FWL
Sec: 35 Twp: 12N Rng: 63W
at Bottom Hole Distance: 648 feet Direction: FSL Distance: 2439 feet Direction: FEL
Sec: 35 Twp: 12N Rng: 63W

9. Field Name: WILDCAT 10. Field Number: 99999
11. Federal, Indian or State Lease Number: Fee

12. Spud Date: (when the 1st bit hit the dirt) 12/28/2010 13. Date TD: 01/30/2011 14. Date Casing Set or D&A: 01/23/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12468 TVD 7381 17 Plug Back Total Depth MD 12460 TVD 7381

18. Elevations GR 5360 KB 5383 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:

CBL/VDL/GR/CCL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	13+1/2	9+5/8	36	0	1,503	617	0	1,503	
1ST	8+3/4	7	23	0	7,733	861	0	7,733	
1ST LINER	6+1/4	4+1/2	11.6	6862	12,464				

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	
HYGIENE	4,325		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,321		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,440		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

ADDITIONAL FORMATION TOP: TERRY SS - 3,677'

CONFIDENTIAL

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

Signed: _____

Print Name: Michelle Robles

Title: Regulatory Assistant

Date: _____

Email: Michelle_Robles@EOGResources.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400211797	PLAT
400211801	CEMENT JOB SUMMARY
400211808	DIRECTIONAL SURVEY
400212143	CEMENT JOB SUMMARY

Total Attach: 4 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)