

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



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| DE | ET | OE | ES |
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Document Number:

400210962

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: Mickenzie Gates
2. Name of Operator: EOG RESOURCES INC Phone: (435) 781-9145
3. Address: 600 17TH ST STE 1100N Fax: (453) 789-7633
City: DENVER State: CO Zip: 80202

5. API Number 05-123-32660-00 6. County: WELD
7. Well Name: Lion Creek Well Number: 02-13H
8. Location: QtrQtr: SESE Section: 13 Township: 11N Range: 64W Meridian: 6
Footage at surface: Distance: 500 feet Direction: FSL Distance: 501 feet Direction: FEL
As Drilled Latitude: 40.916219 As Drilled Longitude: -104.487150

GPS Data:

Data of Measurement: 05/09/2010 PDOP Reading: 1.4 GPS Instrument Operator's Name: Robert L. Kay

** If directional footage

at Top of Prod. Zone Distance: 942 feet Direction: FSL Distance: 667 feet Direction: FEL
Sec: 13 Twp: 11N Rng: 64W
at Bottom Hole Distance: 642 feet Direction: FNL Distance: 2075 feet Direction: FEL
Sec: 13 Twp: 11N Rng: 64W

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) 02/09/2011 13. Date TD: 03/08/2011 14. Date Casing Set or D&A: 03/04/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11675 TVD 7540 17 Plug Back Total Depth MD 7743 TVD 7521

18. Elevations GR 5327 KB 5351 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/TEMP

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 |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| CONDUCTOR | 20 | 16 | 42 | 0 | 60 | 50 | 0 | 60 | |
| SURF | 13+1/2 | 9+5/8 | 36 | 0 | 1,570 | 700 | 0 | 1,570 | |
| 1ST | 8+3/4 | 7 | 23 | 0 | 7,789 | 872 | 180 | 7,789 | CBL |
| 1ST LINER | 6 | 4+1/2 | 11.6 | 7018 | 11,671 | 0 | | | |

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 | |
| SUSSEX | 3,374 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| HYGIENE | 4,328 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHARON SPRINGS | 7,426 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,550 | | <input type="checkbox"/> | <input type="checkbox"/> | |

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 GatesTitle: Regulatory Assistant Date: _____ Email: mickenzie_gates@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 |
|-------------|--------------------|
| 400210972 | DIRECTIONAL SURVEY |
| 400211618 | CEMENT JOB SUMMARY |
| 400211624 | CEMENT JOB SUMMARY |

Total Attach: 3 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)