

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number:

400209315

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

5. API Number 05-123-32032-00
6. County: WELD
7. Well Name: Lion Creek
Well Number: 03-14H
8. Location: QtrQtr: SESE Section: 14 Township: 11N Range: 64W Meridian: 6
9. Field Name: HEREFORD Field Code: 34200

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 03/07/2011 Date of First Production this formation: 03/30/2011

Perforations Top: 7896 Bottom: 13198 No. Holes: 336 Hole size: 0.39

Provide a brief summary of the formation treatment: Open Hole: []

Faced with 217,112 gals linear 20 gel, 383,662 gals lightning D 20 XL, 83,492 gals treated fresh water and 642,509 # 20/40 sand.

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 04/02/2011 Hours: 24 Bbls oil: 72 Mcf Gas: 59 Bbls H2O: 186

Calculated 24 hour rate: Bbls oil: 72 Mcf Gas: 59 Bbls H2O: 186 GOR:

Test Method: Pumping Casing PSI: 130 Tubing PSI: 195 Choke Size: 24/64

Gas Disposition: FLARED Gas Type: DRY BTU Gas: 1505 API Gravity Oil: 34

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: 10/4/2011 Email: mickenzie_gates@eogresources.com

Attachment Check List

Att Doc Num	Name
400209315	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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