

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:

400211951

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: 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 05-123-32697-00

6. County: WELD

7. Well Name: Lion Creek

Well Number: 07-24H

8. Location: QtrQtr: SWSE Section: 24 Township: 11N Range: 64W Meridian: 6

9. Field Name:	HEREFORD	Field Code:	34200
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Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 04/14/2011

Date of First Production this formation: 05/01/2011

Perforations	Top:	7815	Bottom:	11453	No. Holes:	336	Hole size:	0.39
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Provide a brief summary of the formation treatment:

Open Hole:

47,460 Gals Treated Fresh Water Pad, 34,247 Gals Linear 15 Gel Pad, 111,615 Gals Linear 15 Gel, 77,637 Lightning D 20 XL Pad, 306,967 Gals Lightning D 20 XL, 71,443 Gals Treated Fresh Water, 602,859 # 20/40 Sand.

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

Test Information:

Date:	05/04/2011	Hours:	24	Bbls oil:	240	Mcf Gas:	170	Bbls H2O:	170
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Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	Bbls H2O:	GOR:
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Test Method: PUMPING	Casing PSI: 280	Tubing PSI: 145	Choke Size: 20/64
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Gas Disposition:	FLARED	Gas Type:	DRY	BTU Gas:	1541	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: Michelle Robles

Title: Regulatory Assistant Date: 10/5/2011 Email: Michelle_Robles@EOGResources.com

Attachment Check List

Att Doc Num	Name
400211951	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)