

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:

400214372

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: <u>27742</u>	4. Contact Name: <u>Mickenzie Gates</u>
2. Name of Operator: <u>EOG RESOURCES INC</u>	Phone: <u>(435) 781-9145</u>
3. Address: <u>600 17TH ST STE 1100N</u>	Fax: <u>(435) 789-7633</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number	<u>05-123-31357-00</u>		6. County:	<u>WELD</u>	
7. Well Name:	<u>Randall Creek</u>		Well Number:	<u>1-28H</u>	
8. Location:	QtrQtr: <u>SWSE</u>	Section: <u>28</u>	Township:	<u>12N</u>	Range: <u>62W</u> Meridian: <u>6</u>
9. Field Name:	<u>HEREFORD</u>		Field Code:	<u>34200</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date:	<u>06/22/2011</u>	Date of First Production this formation:	<u>07/14/2011</u>
Perforations	Top: 7612	Bottom: 12055	No. Holes: 324
			Hole size: 0.75

Provide a brief summary of the formation treatment: Open Hole: ☐

Fracced with 278,326 gals Linear Gel, 350,943 Phaserfrac XL 23 and 626,334# 20/40 Sand.

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

Test Information:

Date:	07/17/2011	Hours:	24	Bbls oil:	150	Mcf Gas:	6	Bbls H2O:	67	
Calculated 24 hour rate:				Bbls oil:	150	Mcf Gas:	6	Bbls H2O:	67	GOR:
Test Method: Flowing				Casing PSI:	120	Tubing PSI:	0	Choke Size: 20/64		
Gas Disposition: FLARED				Gas Type:	DRY	BTU Gas:	1554	API Gravity Oil: 33		
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: 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)