

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:

400214349

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: (435) 789-7633

City: DENVER State: CO Zip: 80202

5. API Number 05-123-31357-00

6. County: WELD

7. Well Name: Randall Creek

Well Number: 1-28H

8. Location: QtrQtr: SWSE Section: 28 Township: 12N Range: 62W Meridian: 6

Footage at surface: Distance: 325 feet Direction: FSL Distance: 1600 feet Direction: FEL

As Drilled Latitude: 40.974300 As Drilled Longitude: -104.321317

GPS Data:

Data of Measurement: 10/13/2011 PDOP Reading: 4.2 GPS Instrument Operator's Name: Robert L. Kay

\*\* If directional footage at Top of Prod. Zone Dist.: 677 feet. Direction: FSL Dist.: 1849 feet. Direction: FEL

Sec: 28 Twp: 12N Rng: 62W

\*\* If directional footage at Bottom Hole Dist.: 682 feet. Direction: FNL Dist.: 639 feet. Direction: FWL

Sec: 28 Twp: 12N Rng: 62W

9. Field Name: HEREFORD

10. Field Number: 34200

11. Federal, Indian or State Lease Number: Fee

12. Spud Date: (when the 1st bit hit the dirt) 05/11/2011 13. Date TD: 06/11/2011 14. Date Casing Set or D&A: 06/04/2011

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 12262 TVD\*\* 7229 17 Plug Back Total Depth MD 7388 TVD\*\* 7178

18. Elevations GR 5287 KB 5309

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/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
CONDUCTOR	24	16	42	0	60	33	0	60	
SURF	13+1/2	9+5/8	36	0	1,381	625	0	1,381	
1ST	8+3/4	7	23	0	7,437	842	0	7,437	CBL
1ST LINER	6+1/4	4+1/2	11.6	6743	12,258	0			

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

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	3,283		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	4,257		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,072		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,172		<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 Gates

Title: Regualtory Assistant

Date: \_\_\_\_\_

Email: mickenzie\_gates@eogresources.com

The subreport 'subreport3' could not be found at the specified location W:\inetpub\Net\Reports\AttachListNew.rdlc. Please

### General Comments

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

Total: 0 comment(s)