

FORM
5Rev
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:

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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: 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 05-123-33001-00

6. County: WELD

7. Well Name: ANSCHUTZ WINDMILL

Well Number: 4-22H

8. Location: QtrQtr: SESE Section: 22 Township: 5N Range: 62W Meridian: 6

Footage at surface: Distance: 501 feet Direction: FSL Distance: 450 feet Direction: FEL

As Drilled Latitude: 40.379483 As Drilled Longitude: -104.301928

GPS Data:

Data of Measurement: 10/18/2011 PDOP Reading: 1.3 GPS Instrument Operator's Name: Robert L. Kay

** If directional footage at Top of Prod. Zone Dist.: 1077 feet. Direction: FSL Dist.: 769 feet. Direction: FEL

Sec: 22 Twp: 5N Rng: 62W

** If directional footage at Bottom Hole Dist.: 617 feet. Direction: FNL Dist.: 2692 feet. Direction: FEL

Sec: 22 Twp: 5N Rng: 62W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: 8967

12. Spud Date: (when the 1st bit hit the dirt) 03/30/2011 13. Date TD: 05/12/2011 14. Date Casing Set or D&A: 05/09/2011

15. Well Classification:

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

16. Total Depth MD 10669 TVD** 6357 17 Plug Back Total Depth MD 10665 TVD** 6357

18. Elevations GR 4666 KB 4689

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/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	150	0	50	
SURF	13+1/2	9+5/8	36	0	837	344	0	837	
1ST	8+3/4	7	23	0	6,655	729	0	6,655	
1ST LINER	6	4+1/2	11.6	5787	10,665				

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	
HYGIENE	3,450		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,035		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,189		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

ADDITIONAL FORMATION TOP: TERRY SS - 3,350'

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:

Email: Michelle_Robles@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)