

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



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Document Number:
400213401

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 05-123-31558-00 6. County: WELD
7. Well Name: Fox Creek Well Number: 6-33H
8. Location: QtrQtr: NWNW Section: 33 Township: 12N Range: 63W Meridian: 6
Footage at surface: Distance: 360 feet Direction: FNL Distance: 1095 feet Direction: FWL
As Drilled Latitude: 40.972206 As Drilled Longitude: -104.443633

GPS Data:

Date of Measurement: 10/14/2011 PDOP Reading: 1.6 GPS Instrument Operator's Name: Robert L. Kay

** If directional footage at Top of Prod. Zone Dist.: 739 feet. Direction: FNL Dist.: 1511 feet. Direction: FWL
Sec: 33 Twp: 12N Rng: 63W

** If directional footage at Bottom Hole Dist.: 1270 feet. Direction: FSL Dist.: 641 feet. Direction: FEL
Sec: 33 Twp: 12N Rng: 63W

9. Field Name: WILDCAT 10. Field Number: 99999
11. Federal, Indian or State Lease Number: Fee

12. Spud Date: (when the 1st bit hit the dirt) 04/30/2011 13. Date TD: 05/31/2011 14. Date Casing Set or D&A: 05/26/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12408 TVD** 7574 17 Plug Back Total Depth MD 12400 TVD** 7574

18. Elevations GR 5473 KB 5493

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:

GR/CCL/CBL

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	80	42	0	80	
SURF	13+1/2	9+5/8	36	0	1,648	675	0	675	
1ST	8+3/4	7	23	0	7,898	880	0	7,898	
1ST LINER	6+1/4	4+1/2	11.6	6961	12,404				

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	4,520		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,495		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,604		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

ADDITIONAL FORMATION TOP: TERRY SS - 3,762'

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)