

FORM 5A

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



Table with columns DE, ET, OE, ES

COMPLETED INTERVAL REPORT

Document Number: 400214372

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

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
9. Field Name: HEREFORD Field Code: 34200

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 06/22/2011 Date of First Production this formation: 07/14/2011
Perforations Top: 7612 Bottom: 12055 No. Holes: 324 Hole size: 0.75
Provide a brief summary of the formation treatment: Open Hole: [ ]
Fraced 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 [X] 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: 40
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: 10/13/2011 Email: mickenzie\_gates@eogresources.com

### Attachment Check List

Att Doc Num	Name
400214372	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)