

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400214522

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: 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 05-123-33686-00
6. County: WELD
7. Well Name: Randall Creek
Well Number: 12-21H
8. Location: QtrQtr: LOT 3 Section: 21 Township: 12N Range: 62W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 08/12/2011 Date of First Production this formation: 08/30/2011
Perforations Top: 7673 Bottom: 11127 No. Holes: 324 Hole size: 0.75
Provide a brief summary of the formation treatment: Open Hole: ☐
Fraced with 323,330 gals Linear Gel 26, 313,689 gals Phaser Frac, 4,410 gals Treated Fresh Water Pad and 544,782# 20/40 sand.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 09/01/2011 Hours: 24 Bbls oil: 59 Mcf Gas: 36 Bbls H2O: 220
Calculated 24 hour rate: Bbls oil: 59 Mcf Gas: 36 Bbls H2O: 220 GOR: 610
Test Method: Pumping Casing PSI: 90 Tubing PSI: 90 Choke Size: 24/64
Gas Disposition: FLARED Gas Type: DRY BTU Gas: 1575 API Gravity Oil: 31
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
400214522	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)