

**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:

400213540

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 05-123-31333-00

6. County: WELD

7. Well Name: Randall Creek

Well Number: 02-29H

8. Location: QtrQtr: SESE Section: 29 Township: 12N Range: 62W Meridian: 6

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

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: 918 feet. Direction: FSL Dist.: 775 feet. Direction: FEL

Sec: 29 Twp: 12n Rng: 62w

** If directional footage at Bottom Hole Dist.: 1949 feet. Direction: FNL Dist.: 2214 feet. Direction: FWL

Sec: 29 Twp: 12N Rng: 62W

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) 03/27/2011 13. Date TD: 04/11/2011 14. Date Casing Set or D&A: 04/04/2011

15. Well Classification:

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

16. Total Depth MD 10493 TVD** 7302 17 Plug Back Total Depth MD 7467 TVD** 7265

18. Elevations GR 5348 KB 5369

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:

No logs were ran, CBL, MUD, MUD-NBBR

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	CALC
SURF	13+1/2	9+5/8	36	0	1,371	649	0	1,371	CALC
1ST	8+3/4	7	23	0	7,514	852	260	7,514	CBL

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	3,331		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	4,265		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,171		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,189		<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: Regulatory Assistant Date: 10/20/2011 Email: mickenzie_gates@eogresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400213546	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400213543	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400213540	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	REQ DIGITAL LOGS	10/31/2011 11:58:18 AM

Total: 1 comment(s)