

**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:

400238291

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 05-123-33962-00

6. County: WELD

7. Well Name: Randall Creek

Well Number: 13-27H

8. Location: QtrQtr: NWNE Section: 27 Township: 12N Range: 62W Meridian: 6

Footage at surface: Distance: 364 feet Direction: FNL Distance: 2465 feet Direction: FEL

As Drilled Latitude: 40.987411 As Drilled Longitude: -104.305367

GPS Data:

Date of Measurement: 12/22/2011 PDOP Reading: 1.7 GPS Instrument Operator's Name: Robert L. Kay

** If directional footage at Top of Prod. Zone Dist.: 949 feet. Direction: FNL Dist.: 2256 feet. Direction: FEL

Sec: 27 Twp: 12N Rng: 62W

** If directional footage at Bottom Hole Dist.: 674 feet. Direction: FSL Dist.: 635 feet. Direction: FEL

Sec: 27 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) 08/07/2011 13. Date TD: 08/31/2011 14. Date Casing Set or D&A: 08/28/2011

15. Well Classification:

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

16. Total Depth MD 11800 TVD** 7286 17 Plug Back Total Depth MD 11793 TVD** 7286

18. Elevations GR 5315 KB 5340

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

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
SURF	13+1/2	9+5/8	36	0	1,423	620	0	1,423	
1ST	8+3/4	7	23	0	7,658	861	6,480	7,658	
1ST LINER	6	4+1/2	11.6	6706	11,794	0	0	11,794	

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	4,270		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,048		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,121		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

ADDITIONAL FORMATION TOP: TERRY SS: 3,340'

4-1/2" Casing is un-cemented with Swell Packers.

Completion Operations have been suspended pending frack crew availability.

***** 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

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400239172	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400239181	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400239184	PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400245170	LAS-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400245171	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400245172	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400245173	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400247982	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)