

FORM
5Rev
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:

400239203

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 05-123-33073-00

6. County: WELD

7. Well Name: Jackson Draw

Well Number: 5-11H

8. Location: QtrQtr: SESE Section: 11 Township: 9N Range: 61W Meridian: 6

Footage at surface: Distance: 860 feet Direction: FSL Distance: 501 feet Direction: FEL

As Drilled Latitude: 40.759197 As Drilled Longitude: -104.164842

GPS Data:

Data of Measurement: 12/22/2011 PDOP Reading: 1.2 GPS Instrument Operator's Name: Robert L. Kay

** If directional footage at Top of Prod. Zone Dist.: 1036 feet. Direction: FSL Dist.: 623 feet. Direction: FEL

Sec: 11 Twp: 9N Rng: 61W

** If directional footage at Bottom Hole Dist.: 657 feet. Direction: FNL Dist.: 2652 feet. Direction: FWL

Sec: 11 Twp: 9N Rng: 61W

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) 09/27/2011 13. Date TD: 10/09/2011 14. Date Casing Set or D&A: 10/10/2011

15. Well Classification:

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

16. Total Depth MD 10685 TVD** 6641 17 Plug Back Total Depth MD 10679 TVD** 6641

18. Elevations GR 5000 KB 5025

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	830	368	0	830	
1ST	7+7/8	5+1/2	17	0	10,681	1,744	6,258	10,681	

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	3,628		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,366		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,424		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

ADDITIONAL FORMATION TOP: TERRY SS: 3,145'

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>					
400239615	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400239614	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>					
400239613	PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400243984	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400243985	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400248218	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400248225	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)