

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:

400128179

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 05-123-32156-00

6. County: WELD

7. Well Name: Garden Creek

Well Number: 27-36H

8. Location: QtrQtr: NWNW Section: 36 Township: 11N Range: 62W Meridian: 6

Footage at surface: Distance: 501 feet Direction: FNL Distance: 501 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

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

** If directional footage at Top of Prod. Zone Dist.: 984 feet. Direction: FNL Dist.: 636 feet. Direction: FWL

Sec: 36 Twp: 11N Rng: 62W

** If directional footage at Bottom Hole Dist.: 636 feet. Direction: FSL Dist.: 664 feet. Direction: FEL

Sec: 36 Twp: 11N Rng: 62W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: 8724.5

12. Spud Date: (when the 1st bit hit the dirt) 10/13/2010 13. Date TD: 11/03/2010 14. Date Casing Set or D&A: 11/05/2010

15. Well Classification:

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

16. Total Depth MD 12910 TVD** 6856 17 Plug Back Total Depth MD 12904 TVD** 6856

18. Elevations GR 5108 KB 5131

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/VDL/CCL/GR/TEMP, MUD

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	20	16	42	0	60		0	60	CALC
SURF	13+1/2	9+5/8	36	0	1,142	520	0	1,142	CALC
1ST	8+3/4	7	23	0	7,235	824	153	7,235	CBL
2ND	6	4+1/2	11.6	0	12,906			12,906	

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	
PIERRE	900		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	3,100		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	4,013		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,835		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,911		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

***** CONFIDENTIAL *****

The "As Drilled" Plat will be forwarded to the COGCC upon receipt from the EOG Surveyor.

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: 4/8/2011 Email: Michelle_Robles@EOGResources.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400128219	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400151321	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>					
400128179	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REC CBL DOC# 2072750	11/1/2011 2:20:37 PM
Permit	REC 2 MUD LOGS, WAITING ON CBL	7/5/2011 3:35:08 PM
Permit	req hard & digital logs	6/22/2011 9:05:25 AM

Total: 3 comment(s)