

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:

400259381

Date Received:

## 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 05-123-34636-00

6. County: WELD

7. Well Name: Garden Creek

Well Number: 32-07M

8. Location: QtrQtr: NWSE Section: 7 Township: 11N Range: 62W Meridian: 6

Footage at surface: Distance: 1529 feet Direction: FSL Distance: 2266 feet Direction: FEL

As Drilled Latitude: 40.934336 As Drilled Longitude: -104.361997

## GPS Data:

Date of Measurement: 12/22/2011 PDOP Reading: 2.9 GPS Instrument Operator's Name: Robert L. Kay

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

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) 11/28/2011 13. Date TD: 12/05/2011 14. Date Casing Set or D&amp;A: 12/08/2011

## 15. Well Classification:

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

16. Total Depth MD 8200 TVD\*\* 17 Plug Back Total Depth MD 8154 TVD\*\*

18. Elevations GR 5265 KB 5289

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:

AIT/PEX/HNGS/ECS/MSIP-SONIC SCANNER/FMI/CBL/CCL

## 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	1,353	593	0	1,353	
1ST	7+7/8	5+1/2	17	0	8,198	1,062	680	8,198	

## 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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
HYGIENE	4,155		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,087		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,152		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,394		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,426		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	7,445		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,564		<input type="checkbox"/>	<input type="checkbox"/>	
SKULL CREEK	8,068		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Additional Formation Tops: Terry Sandstone - 3554', Lincoln - 7655', Greenerro (X Bentonite) - 7771', J Silt - 7978', Dakota J - 7990'

\*\*\*\*\* 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 ?
<b><u>Attachment Checklist</u></b>		
400259482	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/> No <input checked="" 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"/>
<b><u>Other Attachments</u></b>		
400259400	PLAT	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400259403	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400259404	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400259406	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400259407	LAS-PLATFORM EXPRESS	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400259411	LAS-PLATFORM EXPRESS	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### General Comments

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)