

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 27742
2. Name of Operator: EOG RESOURCES INC
3. Address: 600 17TH ST STE 1100N
City: DENVER State: CO Zip: 80202
4. Contact Name: Michelle Robles
Phone: (307) 276-4842
Fax: (307) 276-3335

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
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 04/03/2012 Date of First Production this formation: 04/17/2012

Perforations Top: 7804 Bottom: 11666 No. Holes: 402 Hole size: 0.75

Provide a brief summary of the formation treatment: Open Hole: []

1,640,781# 20/40 Sand, 86,111 gals Linear Gel 20# Pad, 312,184 gals Linear Gel 20#, 62,793 gals Lightning 20# XL Gel Pad, 602,513 Gals Lightning 20# XL Gel and 18, 922 gals Treated Fresh Water.

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 04/19/2012 Hours: 24 Bbls oil: 260 Mcf Gas: 94 Bbls H2O: 141

Calculated 24 hour rate: Bbls oil: 260 Mcf Gas: 94 Bbls H2O: 141 GOR:

Test Method: PUMPING Casing PSI: 280 Tubing PSI: 280 Choke Size: 20/64

Gas Disposition: FLARED Gas Type: DRY BTU Gas: 1524 API Gravity Oil: 35

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

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: Michelle Robles

Title: Regulatory Assistant Date: Email: Michelle_Robles@EOGResources.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)