

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



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DRILLING COMPLETION REPORT

Document Number:  
400088552

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: Mickenzie Gates  
2. Name of Operator: EOG RESOURCES INC Phone: (435) 781-9145  
3. Address: 600 17TH ST STE 1100N Fax: (495) 789-7633  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-30585-00 6. County: WELD  
7. Well Name: BEVO Well Number: 4-36M  
8. Location: QtrQtr: SENW Section: 36 Township: 12N Range: 63W Meridian: 6  
Footage at surface: Direction: FNL Distance: 1919 Direction: FWL Distance: 1829  
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 Distance: \_\_\_\_\_ Direction: \_\_\_\_\_ Distance: \_\_\_\_\_ Direction: \_\_\_\_\_  
at Bottom Hole Distance: \_\_\_\_\_ Direction: \_\_\_\_\_ Distance: \_\_\_\_\_ Direction: \_\_\_\_\_

9. Field Name: UNNAMED 10. Field Number: 85251  
11. Federal, Indian or State Lease Number: 8755.5

12. Spud Date: (when the 1st bit hit the dirt) 01/07/2010 13. Date TD: 01/24/2010 14. Date Casing Set or D&A: 01/26/2010

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8711 TVD 8710 17 Plug Back Total Depth MD 8665 TVD 8665

18. Elevations GR 5402 KB 5419 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-NGS/FMI-MSIP/ECS-CMR/CCL-CBL-VDL-GR from 0-8599'  
AIT-PEX-NGS (1529'-8593') FMI (5956'-8605') MSIP (1528'-8599') ECS (6112'-8335') CMR (7120'-8412') CCL-CBL-VDL-GR (0'-7747')

20. Casing, Liner and Cement:

### CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
CONDUCTOR	24	16		66		66	0
SURF	13+1/2	9+5/8	36	1,528	900	1,528	0
1ST	8+3/4	7	23	8,707	287	8,707	0

### ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

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	
WHITE RIVER			<input type="checkbox"/>	<input type="checkbox"/>	
FOX HILLS	962		<input type="checkbox"/>	<input type="checkbox"/>	
PIERRE	1,198		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	3,405		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	4,328		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,322		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,593		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	7,613		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,736		<input type="checkbox"/>	<input type="checkbox"/>	
BENTONITE	7,948		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA-JSND	8,171		<input type="checkbox"/>	<input type="checkbox"/>	
SKULL CREEK	8,278		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	8,379		<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	8,505		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The As-Drilled Plat will be forwarded to the COGCC upon receipt from the EOG surveyor.  
 Additional formation tops: Sharron Springs: 7263' B Chalk: 7393 C Chalk: 7478'

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Mickenzie Gates

Title: Operations Clerk Date: \_\_\_\_\_ Email: mickenzie\_gates@eogresources.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

### Attachment Check List

Att Doc Num	Name	Doc Description
400091124		Bevo 4-36M Attachments.pdf

Total Attach: 1 Files