

FORM
5Rev
02/08State 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

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.

Document Number:

400126341

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 05-057-06501-00 6. County: JACKSON
7. Well Name: HEBRON Well Number: 1-18H
8. Location: QtrQtr: NWNE Section: 18 Township: 7N Range: 80W Meridian: 6
Footage at surface: Distance: 308 feet Direction: FNL Distance: 2326 feet Direction: FEL
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: 980 feet Direction: FNL Distance: 371 feet Direction: FEL
Sec: 18 Twp: 7N Rng: 80W
at Bottom Hole Distance: 3543 feet Direction: FNL Distance: 1226 feet Direction: FEL
Sec: 18 Twp: 7N Rng: 80W

9. Field Name: UNNAMED 10. Field Number: 8525111. Federal, Indian or State Lease Number: Fee/Fee12. Spud Date: (when the 1st bit hit the dirt) 08/19/2010 13. Date TD: 10/20/2010 14. Date Casing Set or D&A: 10/14/2010

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 9994 TVD 6862 17 Plug Back Total Depth MD 9988 TVD 685718. Elevations GR 8154 KB 8175

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/GR/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
CONDUCTOR	24	16		0	60		0		
SURF	12+1/4	9+5/8	36	0	1,054	408	0	1,054	
1ST	8+3/4	7	23	0	7,288	870	58	7,288	
1ST LINER	6+1/4	4+1/2	11.6	0	9,991			9,991	

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
SUSSEX	4,461		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,001		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,593		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Additional Formation Tops: Midcoal 1795', Suddeth 2495'

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

*****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

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
400126359	
400126360	
400126817	
400127608	

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)