

**FORM
5**Rev
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



DE ET OE ES

Document Number:

400088552

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: 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: Distance: 1919 feet Direction: FNL Distance: 1829 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 Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____

9. Field Name: HEREFORD 10. Field Number: 34200
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 ☐ Observation16. Total Depth MD 8711 TVD _____ 17 Plug Back Total Depth MD 8665 TVD _____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', AILC, SONIC SCANNER, FULLBORE MICRO IMAGER, MAGNETIC RES, CBL, CNDL, HOSTILE NATURAL GR, MUD, DOC#1291086-93.
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	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	16		0	66		0	66	
SURF	13+1/2	9+5/8	36	0	1,528	900	0	1,528	CALC
1ST	8+3/4	7	23	0	8,707	287	6,590	8,707	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	6,301	940	0	6,301

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	
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: 9/14/2010 Email: mickenzie_gates@eogresources.com

Attachment Check List

Att Doc Num	Name
2072003	DIRECTIONAL SURVEY
2072004	CEMENT JOB SUMMARY
2072005	OTHER
2072032	CEMENT JOB SUMMARY
400088552	FORM 5 SUBMITTED

Total Attach: 5 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REC HARD COPY LOGS 1291086-93	12/15/2010 12:48:19 PM
Permit	Email from m.g.@eog states that this is a final, not a prelim. This is a monitor well, no production, attached is a gyro survey.	12/2/2010 11:16:38 AM
Permit	requested hard copy logs and digital logs	11/18/2010 9:23:42 AM

Total: 3 comment(s)