

FORM
5A

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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COMPLETED INTERVAL REPORT

Document Number:

400128246

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 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 05-123-32156-00 6. County: WELD
7. Well Name: Garden Creek Well Number: 27-36H
8. Location: QtrQtr: NWNW Section: 36 Township: 11N Range: 62W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 01/04/2011 Date of First Production this formation: 02/13/2011
Perforations Top: 7262 Bottom: 12772 No. Holes: 480 Hole size: 0.75
Provide a brief summary of the formation treatment: Open Hole: ☐
Frac'd with 4,233,955# 30/50 sand, 679,420# 40/70 sand, 319,833 gals treated fresh water pad, 1,601,671 treated fresh water, 4,410 gals linear gel, 65,066 gals Lightning 20 XL Pad, 2,019,168 gals Lightning 20 XL Gel.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 02/14/2011 Hours: 24 Bbls oil: 277 Mcf Gas: 8 Bbls H2O: 227
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: Flowing Casing PSI: 250 Tubing PSI: 270 Choke Size: 30/64
Gas Disposition: FLARED Gas Type: DRY BTU Gas: 1528 API Gravity Oil: 36
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

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

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

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