

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:

400126805

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 05-057-06501-00
6. County: JACKSON
7. Well Name: HEBRON Well Number: 1-18H
8. Location: QtrQtr: NWNE Section: 18 Township: 7N Range: 80W Meridian: 6
9. Field Name: UNNAMED Field Code: 85251

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 11/15/2010 Date of First Production this formation: 12/20/2010
Perforations Top: 7441 Bottom: 9818 No. Holes: 243 Hole size: 0.75
Provide a brief summary of the formation treatment: Open Hole: []
250,755# 20/40 Sand, 9,970 Gals Linear Gel Pad, 125,877 Gals Linear Gel 20, 24,109 Gals Delta 200 Pad, 158,253 Gals Delta 200
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 12/25/2010 Hours: 24 Bbls oil: 30 Mcf Gas: 70 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: Flowing Casing PSI: 50 Tubing PSI: 110 Choke Size: 20/64
Gas Disposition: FLARED Gas Type: DRY BTU Gas: 1605 API Gravity Oil: 34
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>

Total: 0 comment(s)