

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



DE ET OE ES

DRILLING COMPLETION REPORT

Document Number:

400157850

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: (435) 789-7633
City: DENVER State: CO Zip: 80202

5. API Number 05-123-32036-00 6. County: WELD
7. Well Name: Lion Creek Well Number: 4-16H
8. Location: QtrQtr: SESE Section: 16 Township: 11N Range: 64W Meridian: 6
Footage at surface: Distance: 501 feet Direction: FSL Distance: 501 feet Direction: FEL
As Drilled Latitude: 40.914993 As Drilled Longitude: -104.543399

GPS Data:

Data of Measurement: 04/01/2011 PDOP Reading: 1.2 GPS Instrument Operator's Name: Loren Hanks

** If directional footage

at Top of Prod. Zone Distance: 893 feet Direction: FSL Distance: 626 feet Direction: FEL
Sec: 16 Twp: 11N Rng: 64W
at Bottom Hole Distance: 4551 feet Direction: FSL Distance: 4615 feet Direction: FEL
Sec: 16 Twp: 11N Rng: 64W

9. Field Name: WILDCAT 10. Field Number: 99999
11. Federal, Indian or State Lease Number: ST 8727-5

12. Spud Date: (when the 1st bit hit the dirt) 09/24/2010 13. Date TD: 10/09/2010 14. Date Casing Set or D&A: 10/04/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 13450 TVD 7790 17 Plug Back Total Depth MD 7995 TVD 7767

18. Elevations GR 5440 KB 5461

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 | 20 | 16 | 42 | 0 | 60 | 0 | 0 | 60 | |
| SURF | 3+1/2 | 9+5/8 | 36 | 0 | 1,657 | 734 | 0 | 1,657 | |
| 1ST | 8+3/4 | 7 | 23 | 0 | 8,040 | 902 | 0 | 8,040 | |
| 1ST LINER | 6+1/4 | 4+1/2 | 11.6 | 0 | 13,446 | 0 | 0 | 13,446 | |

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 | |
| PIERRE | 0 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 3,866 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| HYGIENE | 4,454 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHARON SPRINGS | 7,630 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,756 | | <input type="checkbox"/> | <input type="checkbox"/> | |

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: Mickenzie Gates

Title: Regulatory Assistant

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 |
|-------------|--------------------|
| 400161906 | CEMENT JOB SUMMARY |
| 400161908 | DIRECTIONAL SURVEY |
| 400161909 | CEMENT JOB SUMMARY |

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)