

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400162475

COMPLETED INTERVAL REPORT

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: 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
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 10/29/2010 Date of First Production this formation: 11/15/2010
Perforations Top: 8270 Bottom: 13226 No. Holes: 324 Hole size: 0.75
Provide a brief summary of the formation treatment: Open Hole: ☐
Fraced with 0 gals acid, 51,243 gals treated water, 545,965 gals gelled water, 0# 100 mesh sand and 623,293# 20/40 sand.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 11/16/2010 Hours: 10 Bbls oil: 76 Mcf Gas: 160 Bbls H2O: 32
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: Flowing Casing PSI: 135 Tubing PSI: 0 Choke Size: 24/64
Gas Disposition: FLARED Gas Type: DRY BTU Gas: 1436 API Gravity Oil: 39
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:

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 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)