

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

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 05-123-31233-00 6. County: WELD
 7. Well Name: Randall Creek Well Number: 04-32H
 8. Location: QtrQtr: NENE Section: 32 Township: 12N Range: 62W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
 Treatment Date: 04/28/2011 Date of First Production this formation: 05/19/2011
 Perforations Top: 7675 Bottom: 11132 No. Holes: 324 Hole size: 0.75
 Provide a brief summary of the formation treatment: _____ Open Hole:
138,722 Gals Treated Fresh Water, 314,391 Gals Lightning D 20 XL, 43,949 Gals Lightning D 20 XL Pad, 125,089 Gals Linear 20 Gel, 43,525 Gals Linear 20 Gel Pad, 612,802 # 20/40 Sand.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 05/23/2011 Hours: 24 Bbls oil: 338 Mcf Gas: 129 Bbls H2O: 80
 Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
 Test Method: Flowing Casing PSI: 200 Tubing PSI: 200 Choke Size: 26/64
 Gas Disposition: FLARED Gas Type: DRY BTU Gas: 1422 API Gravity Oil: 33
 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)