

**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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Document Number:

400168781

## 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: <u>27742</u>	4. Contact Name: <u>Michelle Robles</u>
2. Name of Operator: <u>EOG RESOURCES INC</u>	Phone: <u>(307) 276-4842</u>
3. Address: <u>600 17TH ST STE 1100N</u>	Fax: <u>(307) 276-3335</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

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

### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date:	<u>04/28/2011</u>		Date of First Production this formation:	<u>05/19/2011</u>	
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**

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

Total: 0 comment(s)