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| 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 |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table> | DE | ET | OE | ES |
| DE | ET | OE | ES | | | | |
| COMPLETED INTERVAL REPORT | | | Document Number: <div style="text-align: center; font-weight: bold;">400162475</div> | | | | |
| 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. | | | | | | | |

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| 1. OGCC Operator Number: <u>27742</u> 2. Name of Operator: <u>EOG RESOURCES INC</u> 3. Address: <u>600 17TH ST STE 1100N</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | 4. Contact Name: <u>Mickenzie Gates</u> Phone: <u>(435) 781-9145</u> Fax: <u>(435) 789-7633</u> |
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| 5. API Number <u>05-123-32036-00</u> 7. Well Name: <u>Lion Creek</u> 8. Location: QtrQtr: <u>SESE</u> Section: <u>16</u> Township: <u>11N</u> 9. Field Name: <u>WRINGER</u> Field Code: <u>95130</u> | 6. County: <u>WELD</u> Well Number: <u>4-16H</u> Range: <u>64W</u> Meridian: <u>6</u> |
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Completed Interval

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| FORMATION: <u>NIOBRARA</u> | Status: <u>PRODUCING</u> |
| Treatment Date: <u>10/29/2010</u> | Date of First Production this formation: <u>11/15/2010</u> |
| Perforations Top: <u>8270</u> Bottom: <u>13226</u> | No. Holes: <u>324</u> Hole size: <u>0.75</u> |
| Provide a brief summary of the formation treatment: | |
| Open Hole: <input type="checkbox"/> | |
| 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: <u>11/16/2010</u> Hours: <u>10</u> Bbls oil: <u>76</u> Mcf Gas: <u>160</u> Bbls H2O: <u>32</u> | Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____ |
| Test Method: <u>Flowing</u> Casing PSI: <u>135</u> Tubing PSI: <u>0</u> Choke Size: <u>24/64</u> | Gas Disposition: <u>FLARED</u> Gas Type: <u>DRY</u> BTU Gas: <u>1436</u> API Gravity Oil: <u>39</u> |
| Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____ | Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 5/16/2011 Email: mickenzie_gates@eogresources.com

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400162475 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)