

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:

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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: 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 05-123-31331-00 6. County: WELD
7. Well Name: Garden Creek Well Number: 11-18H
8. Location: QtrQtr: SESE Section: 18 Township: 11N Range: 62W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>01/06/2011</u>	Date of First Production this formation: <u>07/13/2011</u>
Perforations Top: <u>9742</u> Bottom: <u>11944</u>	No. Holes: <u>672</u> Hole size: <u>0.39</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>	
<u>Fraced with 26,246 gals acid, 99,109 gals treated water, 2,533,975 gals fresh water, 2,554,113# 100 mesh sand and 0# 20/40 sand.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>07/15/2011</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>6</u> Bbls H2O: <u>443</u>	
Calculated 24 hour rate: <u></u> Bbls oil: <u></u> Mcf Gas: <u></u> Bbls H2O: <u></u> GOR: <u></u>	
Test Method: <u>Flowing</u> Casing PSI: <u>190</u> Tubing PSI: <u>290</u> Choke Size: <u>24/64</u>	
Gas Disposition: <u>FLARED</u> Gas Type: <u>DRY</u> BTU Gas: <u>1505</u> API Gravity Oil: <u>35</u>	
Tubing Size: <u></u> Tubing Setting Depth: <u></u> Tbg setting date: <u></u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

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 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)