

FORM
5
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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Document Number:
400157850

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary 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
 Footage at surface: Distance: 501 feet Direction: FSL Distance: 501 feet Direction: FEL
 As Drilled Latitude: 40.914993 As Drilled Longitude: -104.543399

GPS Data:
 Data of Measurement: 04/01/2011 PDOP Reading: 1.2 GPS Instrument Operator's Name: Loren Hanks

** If directional footage at Top of Prod. Zone Dist.: 893 feet. Direction: FSL Dist.: 626 feet. Direction: FEL
 Sec: 16 Twp: 11N Rng: 64W

** If directional footage at Bottom Hole Dist.: 769 feet. Direction: FNL Dist.: 779 feet. Direction: FWL
 Sec: 16 Twp: 11N Rng: 64W

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: ST 8727-5

12. Spud Date: (when the 1st bit hit the dirt) 09/24/2010 13. Date TD: 10/09/2010 14. Date Casing Set or D&A: 10/04/2010

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 13450 TVD** 7790 17 Plug Back Total Depth MD 7995 TVD** 7767

18. Elevations GR 5439 KB 5460 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL/VDL/GR/CCL

20. Casing, Liner and Cement:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	20	16	42	0	60	0	0	60	
SURF	3+1/2	9+5/8	36	0	1,657	734	0	1,657	VISU
1ST	8+3/4	7	23	0	8,040	902	0	8,040	
1ST LINER	6+1/4	4+1/2	11.6	0	13,446	0			

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PIERRE	0		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	3,866		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	4,454		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,630		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,756		<input type="checkbox"/>	<input type="checkbox"/>	

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: 5/16/2011

Email: mickenzie_gates@eogresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400161906	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400161908	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400157850	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	rec hard copy logs doc#2202098-100	8/1/2011 1:52:18 PM
Permit	REQ HARD AND DIGITAL LOGS	6/22/2011 9:16:08 AM

Total: 2 comment(s)