

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

5. API Number 05-123-32585-00
6. County: WELD
7. Well Name: Bessie Well Number: 09-11H
8. Location: QtrQtr: NWNW Section: 11 Township: 11N Range: 63W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 02/11/2011 Date of First Production this formation: 03/03/2011

Perforations Top: 7642 Bottom: 11629 No. Holes: 504 Hole size: 0.39

Provide a brief summary of the formation treatment: _____ Open Hole:

64,599 Gals Treated Fresh Water Pad, 71,442 Gals Linear Gel Pad, 119,532 Gals Linear Gel, 89,712 Gals Lightning D 20 XL Pad, 323,133 Gals Lightning D 20 XL, 76,886 Gal Treated Fresh Water, 564,084 # 20/40 Sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/07/2011 Hours: 24 Bbls oil: 445 Mcf Gas: 181 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: PUMPED Casing PSI: 180 Tubing PSI: 233 Choke Size: 24/64

Gas Disposition: FLARED Gas Type: DRY BTU Gas: 1446 API Gravity Oil: 34

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)