

**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:

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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: Michelle Robles

2. Name of Operator: EOG RESOURCES INC

Phone: (307) 276-4842

3. Address: 600 17TH ST STE 1100N

Fax: (307) 276-3335

City: DENVER                      State: CO                      Zip: 80202

5. API Number	05-123-33090-00
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6. County: WELD

7. Well Name:	Gravel Draw
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Well Number: 09-09H

8. Location: QtrQtr: NWNW Section: 9 Township: 8N Range: 61W Meridian: 6

9. Field Name:	WILDCAT	Field Code:	99999
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### Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 07/07/2011

Date of First Production this formation: 07/21/2011

Perforations	Top:	7000	Bottom:	10826	No. Holes:	216	Hole size:	0.75
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Provide a brief summary of the formation treatment:

Open Hole: ☐

64,470 Gals Linear 20 Gel Pad, 151,316 Gals Linear 20 Gel, 66,654 Gals Lightning D 20 XL Pad, 305,864 Gals Lightning D 20 XL, 62,450 Gals Treated Fresh Water, 595,487 # 20/40 Sand.

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date:	07/25/2011	Hours:	24	Bbls oil:	265	Mcf Gas:	170	Bbls H2O:	179
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Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	Bbls H2O:	GOR:
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Test Method: Pumped	Casing PSI: 140	Tubing PSI: 150	Choke Size: 24/64
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Gas Disposition:	FLARED	Gas Type:	DRY	BTU Gas:	1575	API Gravity Oil:	36
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Tubing Size:	Tubing Setting Depth:	Tbg setting date:	Packer Depth:
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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)