

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

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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: Mickenzie Gates
Phone: (435) 781-9145
Fax: (435) 789-7633

5. API Number 05-123-32558-00
6. County: WELD
7. Well Name: Lion Creek
Well Number: 09-35H
8. Location: QtrQtr: SESE Section: 35 Township: 11N Range: 64W Meridian: 6
9. Field Name: HEREFORD Field Code: 34200

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 03/08/2011 Date of First Production this formation: 05/09/2011

Perforations Top: 7776 Bottom: 11598 No. Holes: 336 Hole size: 0.39

Provide a brief summary of the formation treatment: Open Hole: []

Fraced with 103,816 gals treated fresh water, 23,112 gals treated fresh water pad, 515,284 gals lightning D 20, 25,142 gals 7.5% acid and 761,111 # 20/40 sand.

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 05/12/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 6 Bbls H2O: 410

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 6 Bbls H2O: 410 GOR:

Test Method: Pumping Casing PSI: 130 Tubing PSI: 160 Choke Size: 18/64

Gas Disposition: FLARED Gas Type: DRY BTU Gas: 1552 API Gravity Oil: 35

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: Mickenzie Gates

Title: Regulatory Assistant Date: 10/4/2011 Email: mickenzie_gates@eogresources.com

Attachment Check List

Att Doc Num	Name
400209316	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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