

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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Document Number:

400211658

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: HEREFORD Field Code: 34200

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: <input type="checkbox"/>	
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 10/5/2011 Email: Michelle\_Robles@EOGResources.com

### Attachment Check List

Att Doc Num	Name
400211658	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)