

**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:

400211813

## 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 05-123-31385-00

6. County: WELD

7. Well Name: Fox Creek

Well Number: 1-35H

8. Location: QtrQtr: NWNW Section: 35 Township: 12N Range: 63W Meridian: 6

9. Field Name: HEREFORD Field Code: 34200

### Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 02/26/2011

Date of First Production this formation: 03/18/2011

Perforations	Top:	7763	Bottom:	12432	No. Holes:	336	Hole size:	0.39
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Provide a brief summary of the formation treatment:

Open Hole: 

83,706 Gals Linear 20 Gel Pad, 117,936 Gals Linear 20 Gel, 125,496 Gals Lightning D 20 XL Pad, 310,800 Gals Lightning D 20 XL, 80,306 Gals Treated Fresh Water, 645,985 # 20/40 Sand.

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

**Test Information:**

Date:	03/10/2011	Hours:	24	Bbls oil:	241	Mcf Gas:	0	Bbls H2O:	289
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Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	Bbls H2O:	GOR:
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Test Method: FLOWED	Casing PSI: 320	Tubing PSI:	Choke Size: 22/64
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Gas Disposition:	FLARED	Gas Type:	DRY	BTU Gas:	1442	API Gravity Oil:	35
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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: 10/5/2011      Email: Michelle\_Robles@EOGResources.com

### Attachment Check List

Att Doc Num	Name
400211813	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)