

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400214715

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 05-123-33065-01 6. County: WELD  
7. Well Name: Fiscus Mesa Well Number: 09-10H  
8. Location: QtrQtr: NWNW Section: 10 Township: 9N Range: 58W Meridian: 6  
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBARARA Status: PRODUCING  
Treatment Date: 06/22/2011 Date of First Production this formation: 07/02/2011  
Perforations Top: 6185 Bottom: 9977 No. Holes: 324 Hole size: 0.75  
Provide a brief summary of the formation treatment: Open Hole: ☐  
97,674 Gals Linear Gel 20 Pad, 164,975 Gals Linear Gel 20, 50,975 Gals Lightning D 20 XL Pad, 309,698 Gals Lightning D 20, 65,865 Gals Treated Fresh Water, 605,563 # 20/40 Sand.  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 07/05/2011 Hours: 24 Bbls oil: 356 Mcf Gas: 174 Bbls H2O: 91  
Calculated 24 hour rate: Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
Test Method: PUMPED Casing PSI: 190 Tubing PSI: 240 Choke Size: 24/64  
Gas Disposition: FLARED Gas Type: DRY BTU Gas: 1451 API Gravity Oil: 41  
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**

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

Total: 0 comment(s)