

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 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
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: NIOBRARA 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 [X] 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

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

Total: 0 comment(s)