

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:

400214897

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 05-123-31417-01 6. County: WELD
7. Well Name: Fox Creek Well Number: 03-26H
8. Location: QtrQtr: SESE Section: 26 Township: 12N Range: 63W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

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|---|--|
| FORMATION: <u>NIOBRARA</u> | Status: <u>PRODUCING</u> |
| Treatment Date: <u>07/13/2011</u> | Date of First Production this formation: <u>07/27/2011</u> |
| Perforations Top: <u>7930</u> Bottom: <u>11917</u> | No. Holes: <u>216</u> Hole size: <u>0.75</u> |
| Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u> | |
| <u>143,280 Gals Fresh Water Pad, 1,741,928 Gals Fresh Water, 2,726,572 # 100 Mesh Sand, 337,664 # 30/50 Sand.</u> | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: <u>07/29/2011</u> Hours: <u>24</u> Bbls oil: <u>247</u> Mcf Gas: <u>132</u> Bbls H2O: <u>112</u> | |
| Calculated 24 hour rate: <u></u> Bbls oil: <u></u> Mcf Gas: <u></u> Bbls H2O: <u></u> GOR: <u></u> | |
| Test Method: <u>PUMPED</u> Casing PSI: <u>190</u> Tubing PSI: <u>210</u> Choke Size: <u>16/64</u> | |
| Gas Disposition: <u>FLARED</u> Gas Type: <u>DRY</u> BTU Gas: <u>1509</u> API Gravity Oil: <u>35</u> | |
| Tubing Size: <u></u> Tubing Setting Depth: <u></u> Tbg setting date: <u></u> Packer Depth: <u></u> | |
| Reason for Non-Production: <u></u> | |
| Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u> | |
| Bridge Plug Depth: <u></u> Sacks cement on top: <u></u> | |

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> |
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Total: 0 comment(s)