

FORM  
5

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:

400214490

### DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 27742

4. Contact Name: Mickenzie Gates

2. Name of Operator: EOG RESOURCES INC

Phone: (435) 781-9145

3. Address: 600 17TH ST STE 1100N

Fax: (435) 789-7633

City: DENVER State: CO Zip: 80202

5. API Number 05-123-33686-00

6. County: WELD

7. Well Name: Randall Creek

Well Number: 12-21H

8. Location: QtrQtr: LOT 3 Section: 21 Township: 12N Range: 62W Meridian: 6

Footage at surface: Distance: feet Direction: Distance: feet Direction:

As Drilled Latitude: As Drilled Longitude:

#### GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

\*\* If directional footage at Top of Prod. Zone Dist.: 1094 feet. Direction: FNL Dist.: 2383 feet. Direction: FEL

Sec: 21 Twp: 12N Rng: 62W

\*\* If directional footage at Bottom Hole Dist.: 676 feet. Direction: FSL Dist.: 655 feet. Direction: FEL

Sec: 21 Twp: 12N Rng: 62W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: Fee

12. Spud Date: (when the 1st bit hit the dirt) 07/03/2011 13. Date TD: 07/25/2011 14. Date Casing Set or D&A: 07/21/2011

#### 15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 11267 TVD\*\* 7230 17 Plug Back Total Depth MD 7471 TVD\*\* 7237

18. Elevations GR 5337 KB 5361

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

#### 19. List Electric Logs Run:

CBL/GR/CCL

#### 20. Casing, Liner and Cement:

### CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	16	42	0	80	409	0	80	
SURF	13+1/2	9+5/8	36	0	1,417	620	0	1,417	
1ST	8+3/4	7	23	0	7,513	822		7,513	CBL
1ST LINER	6	4+1/2	11.6	6531	11,263	0			

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SUSSEX	3,312		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	4,317		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,084		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,213		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The "As Drilled" plat will be forwarded to the COGCC upon receipt from the EOG surveyor.

\*\*\*\*\*CONFIDENTIAL\*\*\*\*\*

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: Mickenzie Gates

Title: Regulatory Assistant

Date:

Email: mickenzie\_gates@eogresources.com

The subreport 'subreport3' could not be found at the specified location W:\Inetpub\Net\Reports\AttachListNew.rdlc. Please

### General Comments

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

Total: 0 comment(s)