

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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DRILLING COMPLETION REPORT

Document Number:  
400214490

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  
2. Name of Operator: EOG RESOURCES INC  
3. Address: 600 17TH ST STE 1100N  
City: DENVER State: CO Zip: 80202  
4. Contact Name: Mickenzie Gates  
Phone: (435) 781-9145  
Fax: (435) 789-7633

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:  
Date 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

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**General Comments**

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

Total: 0 comment(s)