

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:

400213184

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  
2. Name of Operator: EOG RESOURCES INC  
3. Address: 600 17TH ST STE 1100N  
City: DENVER State: CO Zip: 80202  
4. Contact Name: Michelle Robles  
Phone: (307) 276-4842  
Fax: (307) 276-3335

5. API Number 05-123-33001-00  
6. County: WELD  
7. Well Name: ANSCHUTZ WINDMILL  
Well Number: 4-22H  
8. Location: QtrQtr: SESE Section: 22 Township: 5N Range: 62W Meridian: 6  
9. Field Name: UNNAMED Field Code: 85251

Completed Interval

FORMATION: NIOBRARA	Status: PRODUCING
Treatment Date: 05/30/2011	Date of First Production this formation: 06/17/2011
Perforations Top: 6685 Bottom: 10634	No. Holes: 459 Hole size: 0.39
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
126,326 Gals Fresh Water Pad, 1,612,053 Gals Fresh Water, 300,035 # 30/50 Sand.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: 06/20/2011 Hours: 24 Bbls oil: 412 Mcf Gas: 308 Bbls H2O: 154	
Calculated 24 hour rate:	Bbls oil: Mcf Gas: Bbls H2O: GOR: 748
Test Method: Flowed Casing PSI: 460 Tubing PSI: 0 Choke Size: 18/64	
Gas Disposition: FLARED Gas Type: DRY BTU Gas: 1515 API Gravity Oil: 38	
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:	
Reason for Non-Production:	
Date formation Abandoned: Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 10/10/2011 Email: Michelle\_Robles@EOGResources.com

### Attachment Check List

Att Doc Num	Name
400213184	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)