

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:

400213937

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: Mickenzie Gates

Phone: (435) 781-9145

Fax: (435) 789-7633

5. API Number 05-123-32856-00

7. Well Name: Garden Creek

8. Location: QtrQtr: SESE Section: 19 Township: 11N Range: 62W Meridian: 6

9. Field Name: HEREFORD Field Code: 34200

6. County: WELD

Well Number: 12-19H

Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 05/02/2011

Date of First Production this formation: 06/02/2011

Perforations Top: 7672 Bottom: 11373 No. Holes: 504 Hole size: 0.39

Provide a brief summary of the formation treatment:

Open Hole: ☐

Fraced with 137,991 gals Treated Fresh Water Pad, 1,660,045 gals Treated Fresh Water, 33,000 gals 7.55% Acid, 2,701,261# 100 Mesh sand and 286,614# 30/50 sand.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 06/05/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 6 Bbls H2O: 225

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 6 Bbls H2O: 225 GOR:

Test Method: Pumping Casing PSI: 150 Tubing PSI: 100 Choke Size: 24/64

Gas Disposition: FLARED Gas Type: DRY BTU Gas: 1571 API Gravity Oil: 36

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: Mickenzie Gates

Title: Regulatory Assistant Date: 10/13/2011 Email: mickenzie_gates@eogresources.com

Attachment Check List

Att Doc Num	Name
400213937	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)