

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



DE ET OE ES

Document Number:  
400210962

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  
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: (453) 789-7633

5. API Number 05-123-32660-00  
6. County: WELD  
7. Well Name: Lion Creek Well Number: 02-13H  
8. Location: QtrQtr: SESE Section: 13 Township: 11N Range: 64W Meridian: 6  
Footage at surface: Distance: 501 feet Direction: FSL Distance: 501 feet Direction: FEL  
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.: 942 feet. Direction: FSL Dist.: 667 feet. Direction: FEL  
Sec: 13 Twp: 11N Rng: 64W  
\*\* If directional footage at Bottom Hole Dist.: 642 feet. Direction: FNL Dist.: 2075 feet. Direction: FEL  
Sec: 13 Twp: 11N Rng: 64W

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) 02/09/2011 13. Date TD: 03/08/2011 14. Date Casing Set or D&A: 03/04/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 11675 TVD\*\* 7540 17 Plug Back Total Depth MD 11671 TVD\*\* 7521

18. Elevations GR 5327 KB 5351  
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/VDL/GR, MUD-VERT, MUD-HZ

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	20	16	42	0	60	50	0	60	CALC
SURF	13+1/2	9+5/8	36	0	1,570	700	0	1,570	VISU
1ST	8+3/4	7	23	0	7,789	872	180	7,789	CBL
1ST LINER	6	4+1/2	11.6	7018	11,671				

**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	3,374		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	4,328		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,426		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,550		<input type="checkbox"/>	<input type="checkbox"/>	

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: 10/6/2011 Email: mickenzie\_gates@eogresources.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400211618	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400210972	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
400210962	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	REC HARD COPY LOGS DOC#2204164-66, IN SCANNING	10/31/2011 12:52:34 PM
Permit	REQ HARD AND DIGITAL COPY OF ALL LOGS AND AS DRILLED GPS	10/12/2011 10:11:19 AM

Total: 2 comment(s)