

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:

400213433

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: Michelle Robles

2. Name of Operator: EOG RESOURCES INC

Phone: (307) 276-4842

3. Address: 600 17TH ST STE 1100N

Fax: (307) 276-3335

City: DENVER State: CO Zip: 80202

5. API Number 05-123-33090-00

6. County: WELD

7. Well Name: Gravel Draw

Well Number: 09-09H

8. Location: QtrQtr: NWNW Section: 9 Township: 8N Range: 61W Meridian: 6

Footage at surface: Distance: 501 feet Direction: FNL Distance: 501 feet Direction: FWL

As Drilled Latitude: 40.682417 As Drilled Longitude: -104.218011

GPS Data:

Data of Measurement: 10/11/2011 PDOP Reading: 1.6 GPS Instrument Operator's Name: Robert L. Kay

** If directional footage at Top of Prod. Zone Dist.: 983 feet. Direction: FNL Dist.: 710 feet. Direction: FWL

Sec: 9 Twp: 8N Rng: 61W

** If directional footage at Bottom Hole Dist.: 652 feet. Direction: FSL Dist.: 2614 feet. Direction: FEL

Sec: 9 Twp: 8N Rng: 61W

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) 06/03/2011 13. Date TD: 06/18/2011 14. Date Casing Set or D&A: 06/14/2011

15. Well Classification:

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

16. Total Depth MD 11002 TVD** 6533 17 Plug Back Total Depth MD 10997 TVD** 6533

18. Elevations GR 4935 KB 4957

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:

GR/CCL/CBL

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	65	45	0	65	CALC
SURF	13+1/2	9+5/8	36	0	834	370	0	834	CALC
1ST	8+3/4	7	23	0	6,818	760	120	6,818	CBL
1ST LINER	6	4+1/2	11.6	5979	10,997				

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	
HYGIENE	3,629		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,348		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,416		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

ADDITIONAL FORMATION TOP: TERRY SS - 3,511'

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: 10/26/2011

Email: Michelle_Robles@EOGResources.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400213483	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400213481	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"/>
<u>Other Attachments</u>					
400213433	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400218185	PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REC LOGS DOC#1672359-61, IN SCANNING	12/12/2011 7:52:41 AM
Permit	REQ LOGS	11/1/2011 9:30:16 AM

Total: 2 comment(s)