

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:
400213926

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: (435) 789-7633

5. API Number 05-123-32856-00
6. County: WELD
7. Well Name: Garden Creek
Well Number: 12-19H
8. Location: QtrQtr: SESE Section: 19 Township: 11N Range: 62W Meridian: 6
Footage at surface: Distance: 650 feet Direction: FSL Distance: 502 feet Direction: FEL
As Drilled Latitude: 40.903169 As Drilled Longitude: -104.355661

GPS Data:
Date of Measurement: 10/11/2011 PDOP Reading: 2.0 GPS Instrument Operator's Name: Robert L. Kay

** If directional footage at Top of Prod. Zone Dist.: 1180 feet. Direction: FSL Dist.: 737 feet. Direction: FEL
Sec: 19 Twp: 11N Rng: 62W

** If directional footage at Bottom Hole Dist.: 638 feet. Direction: FNL Dist.: 2286 feet. Direction: FEL
Sec: 19 Twp: 11N 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) 03/25/2011 13. Date TD: 04/22/2011 14. Date Casing Set or D&A: 04/15/2011

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

16. Total Depth MD 11376 TVD** 7291 17 Plug Back Total Depth MD 7590 TVD** 7263

18. Elevations GR 5201 KB 5222
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

Empty box for casing details

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	39	0	80	CALC
SURF	13+1/2	9+5/8	36	0	1,281	525	0	1,281	CALC
1ST	8+3/4	7	23	0	7,633	867	160	7,633	CBL
1ST LINER	6	4+1/2	11.6	6778	10,763	321	6,778	10,763	CALC

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	3,430		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	4,060		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,009		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,068		<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: 10/26/2011 Email: mickenzie_gates@eogresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400213929	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400213928	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"/>
Other Attachments			
400213926	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	REC LOGS DOC#1672379, 1672363-64, IN SCANNING	12/12/2011 8:02:04 AM
Permit	REQ LOGS	11/1/2011 11:18:28 AM

Total: 2 comment(s)