

FORM  
5Rev  
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:

400211906

Date Received:

10/06/2011

## 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 05-123-32697-00

6. County: WELD

7. Well Name: Lion Creek

Well Number: 07-24H

8. Location: QtrQtr: SWSE Section: 24 Township: 11N Range: 64W Meridian: 6

Footage at surface: Distance: 501 feet Direction: FSL Distance: 1270 feet Direction: FEL

As Drilled Latitude: 40.901431 As Drilled Longitude: -104.489917

## GPS Data:

Date of Measurement: 08/31/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: Robert L. Kay

\*\* If directional footage at Top of Prod. Zone Dist.: 1055 feet. Direction: FSL Dist.: 1516 feet. Direction: FEL

Sec: 24 Twp: 11N Rng: 64W

\*\* If directional footage at Bottom Hole Dist.: 638 feet. Direction: FNL Dist.: 1909 feet. Direction: FWL

Sec: 24 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) 01/27/2011 13. Date TD: 02/21/2011 14. Date Casing Set or D&amp;A: 02/17/2011

## 15. Well Classification:

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

16. Total Depth MD 11490 TVD\*\* 7518 17 Plug Back Total Depth MD 11483 TVD\*\* 7518

18. Elevations GR 5298 KB 5323

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, LWD/GR, MUD

## 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
SURF	13+1/2	9+5/8	36	0	1,533	680	0	1,533	VISU
1ST	8+3/4	7	23	0	7,780	879	0	7,780	CBL
1ST LINER	6	4+1/2	11.6	6938	11,486				

**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	4,454		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,657		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,756		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

ADDITIONAL FORMATION TOP: TERRY SS - 3,866'

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: 10/6/2011

Email: Michelle\_Robles@EOGResources.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400211932	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400211936	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>					
400211906	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400211925	PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Engineer	CBL not yet available in well file. Once cement confirmed, approved.	11/22/2011 9:54:55 AM
Permit	REC HARD COPY LOGS DOC#2204099-101, IN SCANNING	10/28/2011 11:19:56 AM
Permit	REQ HARD AND DIGITAL LOGS	10/12/2011 12:27:05 PM

Total: 3 comment(s)