

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:

400211532

Date Received:

10/05/2011

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 05-123-32585-00

6. County: WELD

7. Well Name: Bessie

Well Number: 09-11H

8. Location: QtrQtr: NWNW Section: 11 Township: 11N Range: 63W Meridian: 6

Footage at surface: Distance: 501 feet Direction: FNL Distance: 550 feet Direction: FWL

As Drilled Latitude: 40.942764 As Drilled Longitude: -104.407628

GPS Data:

Data of Measurement: 08/31/2011 PDOP Reading: 2.0 GPS Instrument Operator's Name: Robert L. Kay

** If directional footage at Top of Prod. Zone Dist.: 1073 feet. Direction: FNL Dist.: 704 feet. Direction: FWL

Sec: 11 Twp: 11N Rng: 63W

** If directional footage at Bottom Hole Dist.: 637 feet. Direction: FSL Dist.: 2364 feet. Direction: FWL

Sec: 11 Twp: 11N Rng: 63W

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) 12/21/2010 13. Date TD: 01/05/2011 14. Date Casing Set or D&A: 12/29/2010

15. Well Classification:

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

16. Total Depth MD 11665 TVD** 7312 17 Plug Back Total Depth MD 11659 TVD** 7312

18. Elevations GR 5269 KB 5289

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/CCL

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	1,375	606	0	1,375	CALC
1ST	8+3/4	7	23	0	7,621	856	200	7,621	CBL
1ST LINER	6	4	11.6	6790	11,661				

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	4,192		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,216		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,321		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

ADDITIONAL FORMATION TOP: TERRY SS - 3,552'

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: 10/5/2011

Email: Michelle_Robles@EOGResources.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400211610	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400211625	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>					
400211532	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400211609	PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Recieved logs 1/12/2012	3/19/2012 6:59:28 AM
Permit	REQ HARD AND DIGITAL LOGS	10/12/2011 12:12:21 PM

Total: 2 comment(s)