

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:

400157916

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: Mickenzie Gates

2. Name of Operator: EOG RESOURCES INC

Phone: (435) 781-9145

3. Address: 600 17TH ST STE 1100N

Fax: (435) 789-7633

City: DENVER State: CO Zip: 80202

5. API Number 05-123-30920-00

6. County: WELD

7. Well Name: HOLSTEIN

Well Number: 11-28H

8. Location: QtrQtr: SESE Section: 28 Township: 11N Range: 63W Meridian: 6

Footage at surface: Distance: 575 feet Direction: FSL Distance: 600 feet Direction: FEL

As Drilled Latitude: 40.887759 As Drilled Longitude: -104.430500

GPS Data:

Data of Measurement: 04/04/2011 PDOP Reading: 1.2 GPS Instrument Operator's Name: Loren Hanks

** If directional footage at Top of Prod. Zone Dist.: 889 feet. Direction: FSL Dist.: 934 feet. Direction: FEL

Sec: 28 Twp: 11N Rng: 63W

** If directional footage at Bottom Hole Dist.: 657 feet. Direction: FNL Dist.: 623 feet. Direction: FWL

Sec: 28 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) 10/05/2010 13. Date TD: 10/22/2010 14. Date Casing Set or D&A: 10/14/2010

15. Well Classification:

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

16. Total Depth MD 12832 TVD** 7324 17 Plug Back Total Depth MD 7530 TVD** 7299

18. Elevations GR 5237 KB 5259

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	24	0	60	0	0	60	CALC
SURF	3+1/2	9+5/8	36	0	1,380	620	0	1,380	CALC
1ST	8+3/4	7	23	0	7,575	835	0	7,575	CBL
1ST LINER	6+1/4	4+1/2	11.6	6816	12,828	0	0	12,828	

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	
PIERRE	0		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	3,494		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	4,150		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,203		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,297		<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: 5/16/2011 Email: mickenzie_gates@eogresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400162271	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2072561	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>					
400157916	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Rec'd liner top and setting depth from operator,10/11/11.	11/23/2011 8:58:37 AM
Engineer	Emailed operator, question on 1st liner starts at surfce and extends to TD?	10/7/2011 9:42:15 AM
Permit	rec mud doc # 2201368-69, CBL doc# 2202370	8/11/2011 1:59:24 PM
Permit	REC D/S, WAITING ON LOGS	8/4/2011 12:35:00 PM
Permit	REQ HARD COPY LOGS, DIGITAL LOG & NEW D/S, THE ONE UPLOADED IS CORRUPT	6/22/2011 8:15:10 AM

Total: 5 comment(s)