

FORM
5Rev
02/08State 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:

400127274

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 completion1. OGCC Operator Number: 277424. Contact Name: Michelle Robles2. Name of Operator: EOG RESOURCES INCPhone: (307) 276-48423. Address: 600 17TH ST STE 1100NFax: (307) 276-3335City: DENVER State: CO Zip: 802025. API Number 05-123-31507-006. County: WELD7. Well Name: Critter CreekWell Number: 22-27H8. Location: QtrQtr: NWNW Section: 27 Township: 11N Range: 63W Meridian: 6Footage at surface: Distance: 501 feet Direction: FNL Distance: 501 feet Direction: FEL

As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:

Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage

at Top of Prod. Zone Distance: 830 feet Direction: FNL Distance: 4452 feet Direction: FELSec: 27 Twp: 11N Rng: 63Wat Bottom Hole Distance: 4566 feet Direction: FNL Distance: 605 feet Direction: FELSec: 27 Twp: 11N Rng: 63W9. Field Name: WILDCAT10. Field Number: 9999911. Federal, Indian or State Lease Number: Fee/Fee12. Spud Date: (when the 1st bit hit the dirt) 10/08/2010 13. Date TD: 10/25/2010 14. Date Casing Set or D&A: 10/27/2010

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 12950 TVD 7247 17 Plug Back Total Depth MD 12942 TVD 724718. Elevations GR 5219 KB 5241

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/CCL/GR/TEMP

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		0	60		0		
SURF	13+1/2	9+5/8	34	0	1,339	593	0	1,339	
1ST	8+3/4	7	23	0	7,585	833	0	7,585	
1ST LINER	6+1/4	4+1/2	11.6	0	12,942			12,942	

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	1,000		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	3,448		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	4,083		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,151		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,290		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The "As Drilled" plat will be forwarded to the COGCC upon receipt from the EOG Surveyor.

***** 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: _____ Email: Michelle_Robles@EOGResources.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400151080	
400151086	
400151089	

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)