

FORM 5A

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

COMPLETED INTERVAL REPORT

Document Number:

400127454

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of 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: Michelle Robles
Phone: (307) 276-4842
Fax: (307) 276-3335

5. API Number 05-123-31507-00
6. County: WELD
7. Well Name: Critter Creek
Well Number: 22-27H
8. Location: QtrQtr: NWNW Section: 27 Township: 11N Range: 63W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 11/29/2010 Date of First Production this formation: 12/18/2010
Perforations Top: 7775 Bottom: 12730 No. Holes: 324 Hole size: 0.75
Provide a brief summary of the formation treatment: Open Hole: [ ]
Frac'd with 653,700# 20/40 sand and 651,646 gallons treated water.
This formation is commingled with another formation: [ ] Yes [X] No
Test Information:
Date: 12/21/2010 Hours: 24 Bbls oil: 514 Mcf Gas: 215 Bbls H2O: 157
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: FLOWING Casing PSI: 850 Tubing PSI: 200 Choke Size: 20/64
Gas Disposition: FLARED Gas Type: DRY BTU Gas: 1418 API Gravity Oil: 37
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production:
Date formation Abandoned: Squeeze: [ ] Yes [ ] No If yes, number of sacks cmt
Bridge Plug Depth: Sacks cement on top:

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: Michelle Robles
Title: Regulatory Assistant Date: Email: Michelle\_Robles@EOGResources.com

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

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)