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| 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 |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table> | DE | ET | OE | ES |
| DE | ET | OE | ES | | | | |
| COMPLETED INTERVAL REPORT | | | Document Number: <p style="text-align: center;">400127454</p> | | | | |
| 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. | | | | | | | |

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| 1. OGCC Operator Number: <u>27742</u> | 4. Contact Name: <u>Michelle Robles</u> |
| 2. Name of Operator: <u>EOG RESOURCES INC</u> | Phone: <u>(307) 276-4842</u> |
| 3. Address: <u>600 17TH ST STE 1100N</u> | Fax: <u>(307) 276-3335</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | |

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|---|----------------------------|
| 5. API Number <u>05-123-31507-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>Critter Creek</u> | Well Number: <u>22-27H</u> |
| 8. Location: QtrQtr: <u>NWNW</u> Section: <u>27</u> Township: <u>11N</u> Range: <u>63W</u> Meridian: <u>6</u> | |
| 9. Field Name: <u>HEREFORD</u> Field Code: <u>34200</u> | |

Completed Interval

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|--|---|
| FORMATION: <u>NIOBRARA</u> | Status: <u>PRODUCING</u> |
| Treatment Date: <u>11/29/2010</u> | Date of First Production this formation: <u>12/18/2010</u> |
| Perforations Top: <u>7775</u> Bottom: <u>12730</u> | No. Holes: <u>324</u> Hole size: <u>0.75</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| <u>Frac'd with 653,700# 20/40 sand and 651,646 gallons treated water.</u> | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: <u>12/21/2010</u> Hours: <u>24</u> | Bbls oil: <u>514</u> Mcf Gas: <u>215</u> Bbls H2O: <u>157</u> |
| Calculated 24 hour rate: | Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____ |
| Test Method: <u>FLOWING</u> | Casing PSI: <u>850</u> Tubing PSI: <u>200</u> Choke Size: <u>20/64</u> |
| Gas Disposition: <u>FLARED</u> | Gas Type: <u>DRY</u> BTU Gas: <u>1418</u> API Gravity Oil: <u>37</u> |
| Tubing Size: _____ Tubing Setting Depth: _____ | Tbg setting date: _____ Packer Depth: _____ |
| Reason for Non-Production: | |
| _____ | |
| Date formation Abandoned: _____ | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 4/7/2011 Email: Michelle_Robles@EOGResources.com

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400127454 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
| | | |

Total: 0 comment(s)