


<div>FORM 5A</div> <div>Rev 02/08</div>	State of Colorado			DE	ET	OE	ES
	Oil and Gas Conservation Commission						
1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109							
<b>COMPLETED INTERVAL REPORT</b>				Document Number:  400098138			
<div>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.</div>							
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 05-123-31431-00				6. County: WELD			
7. Well Name: Critter Creek				Well Number: 16-20H			
8. Location: QtrQtr: NWNW Section: 20 Township: 11N Range: 63W Meridian: 6							
9. Field Name: HEREFORD				Field Code: 34200			
<div>Completed Interval</div>							
FORMATION: NIOBRARA				Status: PRODUCING			
Treatment Date: 09/07/2010				Date of First Production this formation: 09/20/2010			
Perforations Top: 8084 Bottom: 12989				No. Holes: 672 Hole size: 0.39			
Provide a brief summary of the formation treatment:				Open Hole: <input type="checkbox"/>			
Frac'd with 170,040 gals treated water, 1,611,216 gals gelled water, 1,146,281# 20/40 sand, 827,317# 30/50 sand.							
This formation is commingled with another formation:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>							
Date: 09/23/2010 Hours: 24				Bbls oil: 259 Mcf Gas: 203 Bbls H2O: 478			
Calculated 24 hour rate:				Bbls oil: Mcf Gas: Bbls H2O: GOR:			
Test Method: Flowing				Casing PSI: 450 Tubing PSI: Choke Size: 18/64			
Gas Disposition: FLARED				Gas Type: BTU Gas: API Gravity Oil:			
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:			
<b>Comment:</b>							

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: \_\_\_\_\_