

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



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Document Number:

400098210

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: Jennifer Yu
 2. Name of Operator: EOG RESOURCES INC Phone: (303) 824-5576
 3. Address: 600 17TH ST STE 1100N Fax: (303) 824-5577
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-31505-00 6. County: WELD
 7. Well Name: Critter Creek Well Number: 17-21H
 8. Location: QtrQtr: SESE Section: 21 Township: 11N Range: 63W Meridian: 6
 Footage at surface: Direction: FSL Distance: 501 Direction: FEL Distance: 501
 As Drilled Latitude: 40.902028 As Drilled Longitude: -104.430225

GPS Data:

Data of Measurement: 02/03/2010 PDOP Reading: 3.3 GPS Instrument Operator's Name: Robert L. Kay

** If directional footage

at Top of Prod. Zone Distance: 792 Direction: FSL Distance: 918 Direction: FEL
 Sec: 21 Twp: 11N Rng: 63W
 at Bottom Hole Distance: 600 Direction: FNL Distance: 600 Direction: FWL
 Sec: 21 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) 08/30/2010 13. Date TD: 09/10/2010 14. Date Casing Set or D&A: _____

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7620 TVD 7325 17 Plug Back Total Depth MD 7150 TVD 7121

18. Elevations GR 5229 KB 5251

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:

MWD/GR

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
CONDUCTOR	20	16	42	60	50	60	0
SURF	13+1/2	9+5/8	36	1,370	610	1,370	0

ADDITIONAL CEMENT

Cement work date: _____

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	
WHITE RIVER	0		<input type="checkbox"/>	<input type="checkbox"/>	
FOX HILLS	764		<input type="checkbox"/>	<input type="checkbox"/>	
PIERRE	1,049		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	3,554		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	4,190		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,331		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Additional formation top: Sharon Springs - 7230 MD

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Jennifer Yu

Title: Regulatory Administrator Date: _____ Email: jennifer_yu@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	Doc Description
400098230	DIRECTIONAL SURVEY	Critter Creek 17-21H Final Surveys.pdf
400098233	CMT SUMMARY	Critter Creek 17-21H Kickoff Plug Post Cement Rpt.pdf

Total Attach: 2 Files