


<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							
COMPLETED INTERVAL REPORT				Document Number: 400096718			
<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 05-123-31275-00				6. County: WELD			
7. Well Name: Critter Creek				Well Number: 5-10H			
8. Location: QtrQtr: SESE Section: 10 Township: 11N				Range: 63W Meridian: 6			
9. Field Name: HEREFORD				Field Code: 34200			
<div>Completed Interval</div>							
FORMATION: NIOBRARA				Status: PRODUCING			
Treatment Date: 08/13/2010				Date of First Production this formation: 08/31/2010			
Perforations Top: 7974 Bottom: 12481				No. Holes: 672 Hole size: 0.39			
Provide a brief summary of the formation treatment:				Open Hole: <input type="checkbox"/>			
Frac'd with 108,686 gals treated water, 1,687,190 gals gelled water, 1,163,303# 20/40 sand, 773,040# 30/50 sand.							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: 09/01/2010 Hours: 24 Bbls oil: 182 Mcf Gas: 124 Bbls H2O: 382							
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:							
Test Method: Flowing Casing PSI: 600 Tubing PSI: Choke Size: 14/64							
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:							
Comment:							

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

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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: _____