

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 with columns DE, ET, OE, ES

COMPLETED INTERVAL REPORT

Document Number:

400096718

The completed interval report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not)...

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 05-123-31275-00
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

Completed Interval

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: []
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: [] Yes [X] 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: [] Yes [] 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

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: _____