

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



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Document Number:

400098138

COMPLETED INTERVAL REPORT

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.

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 05-123-31431-00
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

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 09/06/2010 Date of First Production this formation: 09/20/2010
Perforations Top: 7772 Bottom: 13019 No. Holes: 672 Hole size: 0.39

Provide a brief summary of the formation treatment: Open Hole: ☐

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: ☐ Yes ☒ No

Test Information:

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: ☐ 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: 10/6/2010

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: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400098138	FORM 5A SUBMITTED	LF@2598419 400098138

Total Attach: 1 Files