

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:

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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 4. Contact Name: Shaun Moxcey
2. Name of Operator: EOG RESOURCES INC Phone: (303) 824-5586
3. Address: 600 17TH ST STE 1100N Fax: (303) 824-5400
City: DENVER State: CO Zip: 80202

5. API Number 05-123-31493-00 6. County: WELD
7. Well Name: Critter Creek Well Number: 6-12H
8. Location: QtrQtr: NWNW Section: 12 Township: 11N Range: 63W Meridian: 6
9. Field Name: HEREFORD Field Code: 34200

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 08/22/2010 Date of First Production this formation: 09/03/2010
Perforations Top: 7586 Bottom: 12255 No. Holes: 672 Hole size: 0.39

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

Frac with 115,374 gal treated fresh water, 1,603,520 gal gelled water and 1,192,463# 20/40 sand 795,100# 30/50 sand.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 09/08/2010 Hours: 24 Bbls oil: 138 Mcf Gas: 55 Bbls H2O: 310
Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: Flowing Casing PSI: 480 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: Shaun Moxcey

Title: Regulatory Administrator

Date: _____

Email: shaun_moxcey@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: _____