

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:

400095843

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: 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  
 Footage at surface: Direction: FNL Distance: 875 Direction: FWL Distance: 812  
 As Drilled Latitude: \_\_\_\_\_ As Drilled Longitude: \_\_\_\_\_

GPS Data:  
Data of Measurement: \_\_\_\_\_ PDOP Reading: \_\_\_\_\_ GPS Instrument Operator's Name: \_\_\_\_\_

\*\* If directional footage  
 at Top of Prod. Zone Distance: 423 Direction: FSL Distance: 244 Direction: FEL  
 Sec: 12 Twp: 11N Rng: 63W  
 at Bottom Hole Distance: 3733 Direction: FSL Distance: 3732 Direction: FEL  
 Sec: 12 Twp: 11N Rng: 63W

9. Field Name: HEREFORD 10. Field Number: 34200  
 11. Federal, Indian or State Lease Number: Fee

12. Spud Date: (when the 1st bit hit the dirt) 07/15/2010 13. Date TD: 08/01/2010 14. Date Casing Set or D&A: 07/25/2010

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 12518 TVD 7264 17 Plug Back Total Depth MD 7510 TVD 7264

18. Elevations GR 5270 KB 5291 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:  
CBL/VDL/GR/CCL

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	24	16		60			0
SURF	13+1/2	9+5/8	36	1,419	620		0
1ST	8+3/4	7	23	7,553	661		0
1ST LINER	6+1/4	4+1/2	11.6				

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	
FOX HILLS	740		<input type="checkbox"/>	<input type="checkbox"/>	
PIERRE	994		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	3,346		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	4,248		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,195		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Additional Formation Tops:  
Sharon Springs 7136'

\*\*CONFIDENTIAL\*\*

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: 10/6/2010 Email: shaun\_moxcey@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
400095843	FORM 5 SUBMITTED	LF@2598463 400095843
400097560	DIRECTIONAL SURVEY	LF@2598464 400097560
400097565	CMT SUMMARY	LF@2598465 400097565
400097566	CMT SUMMARY	LF@2598466 400097566

Total Attach: 4 Files