

**FORM
5**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

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.

Document Number:

400106796

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) 824-5587
City: DENVER State: CO Zip: 80202

5. API Number 05-123-31442-00 6. County: WELD
7. Well Name: Critter Creek Well Number: 13-17H
8. Location: QtrQtr: SESE Section: 17 Township: 11N Range: 63W Meridian: 6
Footage at surface: Direction: FSL Distance: 501 Direction: FEL Distance: 501
As Drilled Latitude: 40.916469 As Drilled Longitude: -104.448808

GPS Data:

Data of Measurement: 01/30/2010 PDOP Reading: 2.2 GPS Instrument Operator's Name: Uintah Engineering

** If directional footage

at Top of Prod. Zone Distance: 380 Direction: FNL Distance: 305 Direction: FWL
Sec: 17 Twp: 11N Rng: 63W
at Bottom Hole Distance: 4150 Direction: FNL Distance: 3726 Direction: FWL
Sec: 17 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) 08/12/2010 13. Date TD: 08/30/2010 14. Date Casing Set or D&A: 08/22/2010

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 12780 TVD 7434 17 Plug Back Total Depth MD 12775 TVD 743418. Elevations GR 5281 KB 5303

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:

MWD-GR: Gamma Ray, CBL-GR

20. Casing, Liner and Cement:

CASING

| Casing Type | Size of Hole | Size of Casing | Weight Per Foot | Setting Depth | Sacks Cement | Cement Bot | Cement Top | Status |
|-------------|--------------|----------------|-----------------|---------------|--------------|------------|------------|--------|
| CONDUCTOR | 20 | 16 | 42 | 60 | 50 | | 0 | |
| SURF | 13+1/2 | 9+5/8 | 36 | 1,340 | 597 | 1,340 | 0 | |
| 1ST | 8+3/4 | 7 | 23 | 7,665 | 818 | 7,665 | 0 | |
| 1ST LINER | 6+1/4 | 4+1/2 | 11.6 | 12,777 | | 12,777 | | |

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 | 868 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| PIERRE | 1,154 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 3,625 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| HYGIENE | 4,265 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 7,272 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,340 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

****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: _____

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 |
|-------------|--------------------|---|
| 400106937 | CEMENT JOB SUMMARY | Critter Creek 13-17H Surface Pipe Post Cement Report.pdf |
| 400106938 | CEMENT JOB SUMMARY | Critter Creek 13-17H Intermediate Pipe Post Cement Report.pdf |
| 400106940 | DIRECTIONAL SURVEY | Critter Creek 13-17H Final Survey.pdf |

Total Attach: 3 Files