


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: 400095843	DE	ET	OE	ES
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.							
Completion Type <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> 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: Distance: 875 feet Direction: FNL Distance: 812 feet Direction: FWL							
As Drilled Latitude: 40.941736	As Drilled Longitude: -104.387728						
GPS Data:							
Data of Measurement: 01/12/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: ROBERT L KAY							
** If directional footage at Top of Prod. Zone Dist.: 1329 feet. Direction: FNL Dist.: 1072 feet. Direction: FEL							
Sec: 12 Twp: 11N Rng: 63W							
** If directional footage at Bottom Hole Dist.: 629 feet. Direction: FSL Dist.: 724 feet. 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:							
<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> 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:							
20. Casing, Liner and Cement:							

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

CASING									
Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	16		0	60		0		
SURF	13+1/2	9+5/8	36	0	1,419	645	0	1,419	CALC
1ST	8+3/4	7	23	0	7,553	661	1,200	7,553	CBL
1ST LINER	6+1/4	4+1/2	11.6	0					

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400097565	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400097560	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2072269	PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400095843	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REC LOGS, DELIVERED TO SCANNING	6/9/2011 1:53:32 PM
Permit	requested again hard copy logs	6/3/2011 1:46:28 PM
Permit	CHG'D TO FINAL 5, REC AS DRILLED GPS, WAITING ON LOGS	4/14/2011 8:11:20 AM
Permit	REQ HARD COPY AND DIGITL LOGS WITH FINAL FORM 5	1/25/2011 9:35:49 AM

Total: 4 comment(s)