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|---|--|--|---|----|----|----|----|
| 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: 400098014 | 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 05-123-31222-00 | | 6. County: WELD | | | | | |
| 7. Well Name: Critter Creek | | Well Number: 08-14H | | | | | |
| 8. Location: QtrQtr: SESE Section: 14 Township: 11N Range: 63W Meridian: 6 | | | | | | | |
| Footage at surface: Distance: 600 feet Direction: FSL Distance: 600 feet Direction: FEL | | | | | | | |
| As Drilled Latitude: 40.916889 As Drilled Longitude: -104.392697 | | | | | | | |
| GPS Data: Date of Measurement: 01/12/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: ROBERT L KAY | | | | | | | |
| ** If directional footage at Top of Prod. Zone | | Dist.: 733 feet. Direction: FNL Dist.: 663 feet. Direction: FWL | | | | | |
| Sec: 14 Twp: 11N Rng: 63W | | | | | | | |
| ** If directional footage at Bottom Hole | | Dist.: 633 feet. Direction: FNL Dist.: 2291 feet. Direction: FWL | | | | | |
| Sec: 14 Twp: 11N Rng: 63W | | | | | | | |
| 9. Field Name: HEREFORD | | 10. Field Number: 34200 | | | | | |
| 11. Federal, Indian or State Lease Number: Fee/Fee | | | | | | | |
| 12. Spud Date: (when the 1st bit hit the dirt) 08/10/2010 13. Date TD: 08/24/2010 14. Date Casing Set or D&A: 08/19/2010 | | | | | | | |
| 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 11456 TVD** 7350 | | 17 Plug Back Total Depth MD 11407 TVD** 7250 | | | | | |
| 18. Elevations GR 5214 KB 5234 | | 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:

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 | 60 | |
| SURF | 13+1/2 | 9+5/8 | 36 | 0 | 1,420 | 628 | 0 | 1,420 | CALC |
| 1ST | 8+3/4 | 7 | 26 | 0 | 7,533 | 676 | 120 | 7,533 | 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 | 719 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| PIERRE | 924 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 3,514 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| HYGIENE | 4,196 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,150 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

Additional Formation Top:
Sharon Springs - 7089'

****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: 10/28/2010 Email: shaun_moxcey@eogresources.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400098022 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 2072271 | 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> | | | | | |
| 2072270 | PLAT | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400098014 | 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 3 LOGS, DELIVERED TO SCANNING | 6/9/2011 1:49:25 PM |
| Permit | REQUESTED AGAIN HARD COPY LOGS | 6/3/2011 1:51:38 PM |
| Permit | REC D/S PROFILE AND AS DRILLED GPS, WAITING ON LOGS | 4/14/2011 8:32:49 AM |
| Permit | req digital and hard copies of logs, As Drilled GPS and D/S profile. | 1/25/2011 11:21:36 AM |

Total: 4 comment(s)