


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: 400113297	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: <u>27742</u>		4. Contact Name: <u>Mickenzie Gates</u>					
2. Name of Operator: <u>EOG RESOURCES INC</u>		Phone: <u>(435) 781-9145</u>					
3. Address: <u>600 17TH ST STE 1100N</u>		Fax: <u>(435) 789-7633</u>					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>					
5. API Number <u>05-123-31505-01</u>		6. County: <u>WELD</u>					
7. Well Name: <u>Critter Creek</u>		Well Number: <u>17-21H</u>					
8. Location: QtrQtr: <u>SESE</u> Section: <u>21</u> Township: <u>11N</u> Range: <u>63W</u> Meridian: <u>6</u>							
Footage at surface: Distance: <u>501</u> feet Direction: <u>FSL</u> Distance: <u>501</u> feet Direction: <u>FEL</u>							
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 Dist.: <u>740</u> feet. Direction: <u>FSL</u> Dist.: <u>932</u> feet. Direction: <u>FEL</u>							
Sec: <u>21</u> Twp: <u>11N</u> Rng: <u>63W</u>							
** If directional footage at Bottom Hole Dist.: <u>712</u> feet. Direction: <u>FNL</u> Dist.: <u>654</u> feet. Direction: <u>FWL</u>							
Sec: <u>21</u> Twp: <u>11N</u> Rng: <u>63W</u>							
9. Field Name: <u>HEREFORD</u>		10. Field Number: <u>34200</u>					
11. Federal, Indian or State Lease Number: <u>Fee</u>							
12. Spud Date: (when the 1st bit hit the dirt) <u>08/30/2010</u> 13. Date TD: <u>09/23/2010</u> 14. Date Casing Set or D&A: <u>09/17/2010</u>							
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 <u>13000</u> TVD** <u>7336</u>		17 Plug Back Total Depth MD <u>7534</u> TVD** <u>7315</u>					
18. Elevations GR <u>5230</u> KB <u>5251</u>		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	60	
SURF	13+1/2	9+5/8	36	0	1,370	610	0	1,370	
1ST	8+3/4	7	23	0	7,579	824	1,300	7,579	
1ST LINER	16+1/4	4+1/2	11.6	0	12,996		0	12,996	

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	
PIERRE	1,050		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	3,554		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	4,215		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,327		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The "As Drilled" plat will be forwarded to the COGCC upon receipt from the EOG surveyor.
Additional Formation Top: Sharon Springs: 7236'
CONFIDENTIAL!!!

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Mickenzie Gates

Title: Regulatory Assistant Date: 1/19/2011 Email: mickenzie_gates@eogresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400115449	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400115448	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>					
400113297	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

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General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REC LOGS FOR 00, PASSED 01	6/9/2011 1:51:21 PM
Permit	01 SIDETRACK, WAITING ON INFO FOR THE "OO".	1/25/2011 9:57:15 AM

Total: 2 comment(s)