

FORM  
5A

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:

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COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 27742 4. Contact Name: Mickenzie Gates  
2. Name of Operator: EOG RESOURCES INC Phone: (435) 781-9145  
3. Address: 600 17TH ST STE 1100N Fax: (435) 789-7633  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-32679-01 6. County: WELD  
7. Well Name: Critter Creek Well Number: 23-19H  
8. Location: QtrQtr: SESE Section: 19 Township: 11N Range: 63W Meridian: 6  
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBARARA Status: PRODUCING

Treatment Date: 03/19/2011 Date of First Production this formation: 05/01/2011  
Perforations Top: 7947 Bottom: 12382 No. Holes: 672 Hole size: 0.39

Provide a brief summary of the formation treatment: Open Hole: ☐

Fraced with 22,524 gals treated fresh water, 4,837,340 gals treated fresh water pad, 46,741 gals 7.5% acid, 534,308 # 40/70 sand and 4,868,895 # 100 mesh sand.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 05/05/2011 Hours: 24 Bbls oil: 295 Mcf Gas: 6 Bbls H2O: 6  
Calculated 24 hour rate: Bbls oil: 295 Mcf Gas: 6 Bbls H2O: 6 GOR:           
Test Method: Pumping Casing PSI: 400 Tubing PSI: 300 Choke Size: 16/64  
Gas Disposition: FLARED Gas Type: DRY BTU Gas: 1510 API Gravity Oil: 37  
Tubing Size:          Tubing Setting Depth:          Tbg setting date:          Packer Depth:         

Reason for Non-Production:

Date formation Abandoned:          Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt         

Bridge Plug Depth:          Sacks cement on top:         

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: Mickenzie Gates

Title: Regulatory Assistant Date:          Email mickenzie\_gates@eogresources.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)