

**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



DE ET OE ES

Document Number:

400210988

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 ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 27742

2. Name of Operator: EOG RESOURCES INC

3. Address: 600 17TH ST STE 1100N

City: DENVER State: CO Zip: 80202

4. Contact Name: Mickenzie Gates

Phone: (435) 781-9145

Fax: (435) 789-7633

5. API Number 05-123-32665-00

6. County: WELD

7. Well Name: Critter Creek

Well Number: 15-19H

8. Location: QtrQtr: SESE Section: 19 Township: 11N Range: 63W Meridian: 6

Footage at surface: Distance: 525 feet Direction: FSL Distance: 501 feet Direction: FEL

As Drilled Latitude: 40.901994 As Drilled Longitude: -104.468092

GPS Data:

Data of Measurement: 04/04/2011 PDOP Reading: 2.0 GPS Instrument Operator's Name: Robert L. Kay

** If directional footage

at Top of Prod. Zone Distance: 880 feet Direction: FSL Distance: 866 feet Direction: FEL

Sec: 19 Twp: 11N Rng: 63W

at Bottom Hole Distance: 647 feet Direction: FNL Distance: 625 feet Direction: FWL

Sec: 19 Twp: 11N Rng: 63W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: Fee

12. Spud Date: (when the 1st bit hit the dirt) 12/29/2010 13. Date TD: 02/25/2011 14. Date Casing Set or D&A: 02/19/2011

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 13050 TVD 7499 17 Plug Back Total Depth MD 7679 TVD 7416

18. Elevations GR 5289 KB 5311

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:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	20	16	42	0	60	50	0	60	
SURF	13+1/2	9+8/5	36	0	1,457	600	0	1,457	
1ST	8+3/4	7	23	0	7,724	681	0	7,724	CBL
1ST LINER	6	4+1/2	11.6	6883	13,046	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	
SUSSEX	4,264		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	4,900		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,326		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,426		<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: Mickenzie GatesTitle: Regulatory Assistant Date: _____ Email: mickenzie_gates@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
400210993	DIRECTIONAL SURVEY
400210994	OTHER
400211691	CEMENT JOB SUMMARY
400211714	CEMENT JOB SUMMARY

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)