

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: Michelle Robles
2. Name of Operator: EOG RESOURCES INC Phone: (307) 276-4842
3. Address: 600 17TH ST STE 1100N Fax: (307) 276-3335
City: DENVER State: CO Zip: 80202

5. API Number 05-123-32868-00 6. County: WELD
7. Well Name: Critter Creek Well Number: 14-18H
8. Location: QtrQtr: SESE Section: 18 Township: 11N Range: 63W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBARARA Status: PRODUCING
Treatment Date: 05/27/2011 Date of First Production this formation: 06/13/2011
Perforations Top: 7992 Bottom: 12256 No. Holes: 324 Hole size: 0.75
Provide a brief summary of the formation treatment: Open Hole: ☐
55,443 Gals Linear Gel 20 Pad, 108,276 Gals Linear Gel 20, 46,773 Gals Lightning D 20 XL Pad, 306,806 Gals Lightning D 20, 159,194 Gals Treated Fresh Water, 622,722 # 20/40 Sand.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 06/15/2011 Hours: 24 Bbls oil: 279 Mcf Gas: 229 Bbls H2O: 507
Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: Flowing Casing PSI: 20 Tubing PSI: 280 Choke Size: 12/64
Gas Disposition: FLARED Gas Type: DRY BTU Gas: 1583 API Gravity Oil: 35
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: Michelle Robles
Title: Regulatory Assistant Date: _____ Email Michelle_Robles@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)