

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 05-123-33088-00 6. County: WELD
7. Well Name: Critter Creek Well Number: 12-08H
8. Location: QtrQtr: SESE Section: 8 Township: 11N Range: 63W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: <u>NIOBRARA</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>05/26/2011</u>		Date of First Production this formation: <u>06/09/2011</u>		
Perforations	Top: <u>7921</u>	Bottom: <u>12636</u>	No. Holes: <u>324</u>	Hole size: <u>0.75</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
Fraced with 141,889 gals Linear Gel 20, 370,681 gals Lightning D 20, 145,385 gals Treated Fresh Water and 620,577# 20/40 sand.				
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Information:				
Date: <u>06/10/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>3</u>	Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>3</u>	Bbls H2O: <u>0</u> GOR: <u></u>
Test Method: <u>Pumping</u>	Casing PSI: <u>20</u>	Tubing PSI: <u>200</u>	Choke Size: <u></u>	
Gas Disposition: <u>FLARED</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1518</u>	API Gravity Oil: <u>35</u>	
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>	
Reason for Non-Production: <u></u>				
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>		

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)