

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



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Document Number:

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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 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  
 Footage at surface: Distance: 401 feet Direction: FSL Distance: 500 feet Direction: FEL  
 As Drilled Latitude: 40.930664 As Drilled Longitude: -104.449258

GPS Data:  
Data of Measurement: 10/12/2011 PDOP Reading: 3.4 GPS Instrument Operator's Name: Robert L. Kay

\*\* If directional footage at Top of Prod. Zone Dist.: 628 feet. Direction: FSL Dist.: 896 feet. Direction: FEL  
 Sec: 8 Twp: 11N Rng: 63W  
 \*\* If directional footage at Bottom Hole Dist.: 1133 feet. Direction: FNL Dist.: 626 feet. Direction: FWL  
 Sec: 8 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) 04/02/2011 13. Date TD: 05/01/2011 14. Date Casing Set or D&A: 04/25/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 12841 TVD\*\* 7484 17 Plug Back Total Depth MD 7649 TVD\*\* 7423

18. Elevations GR 5297 KB 5319 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/TEMP

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	24	16	42	0	80	42	0	80	
SURF	13+1/2	9+5/8	36	0	1,514	693	0	1,514	
1ST	8+3/4	7	23	0	7,694	880	0	7,694	CBL
1ST LINER	6	4+1/2	11.6	6906	12,837	0			

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

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	3,638		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	4,344		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,328		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,439		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

\*\*\*\*\*CONFIDNETIAL\*\*\*\*\*

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

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**General Comments**

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

Total: 0 comment(s)