

**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:

400213943

**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&amp;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

The subreport 'subreport3' could not be found at the specified location W:\Inetpub\Net\Reports\AttachListNew.rdlc. Please

### General Comments

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

Total: 0 comment(s)