

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

Document Number: 400213257

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

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: HEREFORD Field Code: 34200

Completed Interval

FORMATION: NIOBRARA 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 [X] 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: 821

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: 10/10/2011 Email: Michelle\_Robles@EOGResources.com

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
400213257	FORM 5A SUBMITTED

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