

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:

400213257

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: 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 ☒ 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

Att Doc Num	Name
400213257	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)