

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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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 05-123-31181-00 6. County: WELD
 7. Well Name: Critter Creek Well Number: 9-15H
 8. Location: QtrQtr: SESE Section: 15 Township: 11N Range: 63W Meridian: 6
 9. Field Name: HEREFORD Field Code: 34200

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
 Treatment Date: 09/07/2010 Date of First Production this formation: 09/26/2010
 Perforations Top: 7655 Bottom: 12424 No. Holes: 672 Hole size: 0.39
 Provide a brief summary of the formation treatment: Open Hole:
Frac'd with 536,427 gals treated water, 1,322,366 gals gelled water, 834,577 # 20/40 sand, 669,507 # 30/50 sand.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 10/28/2010 Hours: 24 Bbls oil: 299 Mcf Gas: 160 Bbls H2O: 322
 Calculated 24 hour rate: Bbls oil: 299 Mcf Gas: 160 Bbls H2O: 322 GOR: _____
 Test Method: Flowing Casing PSI: 700 Tubing PSI: _____ Choke Size: 20/64
 Gas Disposition: FLARED Gas Type: DRY BTU Gas: 1575 API Gravity Oil: 33
 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:

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: _____

Email: Michelle_Robles@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: _____