

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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Document Number:

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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: <u>NIOBRARA</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>09/07/2010</u>		Date of First Production this formation: <u>09/26/2010</u>	
Perforations	Top: <u>7655</u>	Bottom: <u>12424</u>	No. Holes: <u>672</u> Hole size: <u>0.39</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Frac'd with 536,427 gals treated water, 1,322,366 gals gelled water, 834,577 # 20/40 sand, 669,507 # 30/50 sand.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>10/28/2010</u>	Hours: <u>24</u>	Bbls oil: <u>299</u>	Mcf Gas: <u>160</u> Bbls H2O: <u>322</u>
Calculated 24 hour rate:		Bbls oil: <u>299</u>	Mcf Gas: <u>160</u> Bbls H2O: <u>322</u> GOR: <u> </u>
Test Method: <u>Flowing</u>	Casing PSI: <u>700</u>	Tubing PSI: <u> </u>	Choke Size: <u>20/64</u>
Gas Disposition: <u>FLARED</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1575</u>	API Gravity Oil: <u>33</u>
Tubing Size: <u> </u>	Tubing Setting Depth: <u> </u>	Tbg setting date: <u> </u>	Packer Depth: <u> </u>
Reason for Non-Production: <u> </u>			
Date formation Abandoned: <u> </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u>			
Bridge Plug Depth: <u> </u> Sacks cement on top: <u> </u>			

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: _____