

FORM 5A Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

COMPLETED INTERVAL REPORT

Document Number: 400168426

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 05-123-32328-00 6. County: WELD
7. Well Name: Critter Creek Well Number: 30-26H
8. Location: QtrQtr: SESE Section: 26 Township: 11N Range: 63W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 03/07/2011 Date of First Production this formation: 04/03/2011
Perforations Top: 8242 Bottom: 12100 No. Holes: 324 Hole size: 0.75
Provide a brief summary of the formation treatment: Open Hole: []
624,484 # 20/40 sand, 52,083 gals Phaserfrac 22 Pad, 361,844 gals Phaserfrac 22, 67,085 gals Linear Gel, 132,775 gals treated fresh water
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 04/06/2011 Hours: 24 Bbls oil: 1 Mcf Gas: 228 Bbls H2O: 140
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: FLOWING Casing PSI: 260 Tubing PSI: 315 Choke Size: 16/64
Gas Disposition: FLARED Gas Type: DRY BTU Gas: 1421 API Gravity Oil: 38
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: 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: _____

Attachment Check List

Att Doc Num	Name
400168426	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)