

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; font-weight: bold;">400168426</div>				
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: <u>27742</u>	4. Contact Name: <u>Michelle Robles</u>
2. Name of Operator: <u>EOG RESOURCES INC</u>	Phone: <u>(307) 276-4842</u>
3. Address: <u>600 17TH ST STE 1100N</u>	Fax: <u>(307) 276-3335</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-32328-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Critter Creek</u>	Well Number: <u>30-26H</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>26</u> Township: <u>11N</u> Range: <u>63W</u> Meridian: <u>6</u>	
9. Field Name: <u>HEREFORD</u> Field Code: <u>34200</u>	

<u>Completed Interval</u>	
FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>03/07/2011</u>	Date of First Production this formation: <u>04/03/2011</u>
Perforations Top: <u>8242</u> Bottom: <u>12100</u>	No. Holes: <u>324</u> Hole size: <u>0.75</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>04/06/2011</u> Hours: <u>24</u> Bbls oil: <u>1</u> Mcf Gas: <u>228</u> Bbls H2O: <u>140</u>	
Calculated 24 hour rate:	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: <u>FLOWING</u> Casing PSI: <u>260</u> Tubing PSI: <u>315</u> Choke Size: <u>16/64</u>	
Gas Disposition: <u>FLARED</u> Gas Type: <u>DRY</u> BTU Gas: <u>1421</u> API Gravity Oil: <u>38</u>	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____	
Reason for Non-Production:	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

Comment: ***** CONFIDENTIAL *****

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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: 5/25/2011 Email Michelle_Robles@EOGResources.com
:

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)