

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 05-123-32081-01 6. County: WELD
 7. Well Name: Critter Creek Well Number: 11-07H
 8. Location: QtrQtr: SESE Section: 7 Township: 11N Range: 63W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
 Treatment Date: 02/22/2011 Date of First Production this formation: 03/10/2011
 Perforations Top: 8106 Bottom: 11782 No. Holes: 504 Hole size: 0.39
 Provide a brief summary of the formation treatment: _____ Open Hole:
106,663 Gals Linear Gel Pad 15, 115,836 Gals Linear Gel 15, 109,343 Gals Lightning 22 XL Pad, 292,782 Lightning 22 XL Gel, 91,248 Gals Treated Fresh Water, 577,200 # 20/40 Sand.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 03/13/2011 Hours: 24 Bbls oil: 170 Mcf Gas: 7 Bbls H2O: 225
 Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
 Test Method: Flowing Casing PSI: 160 Tubing PSI: _____ Choke Size: 22/64
 Gas Disposition: FLARED Gas Type: DRY BTU Gas: 1545 API Gravity Oil: 34
 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:
 Additional Formation Top: Terry SS - 3,740'
 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

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)