

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: Mickenzie Gates  
 2. Name of Operator: EOG RESOURCES INC Phone: (435) 781-9145  
 3. Address: 600 17TH ST STE 1100N Fax: (435) 789-7633  
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-33103-00 6. County: WELD  
 7. Well Name: Critter Creek Well Number: 34-16H  
 8. Location: QtrQtr: NWNE Section: 16 Township: 11N Range: 63W Meridian: 6  
 9. Field Name: WILDCAT Field Code: 99999

### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING  
 Treatment Date: 08/30/2011 Date of First Production this formation: 09/12/2011  
 Perforations Top: 7921 Bottom: 12657 No. Holes: 216 Hole size: 0.75  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
Fraced with 209,286 gals Linear 15 Gel, 373,296 gals Lightning D XL, 28,266 Treated Fresh Water and 638,913# 20/40 Sand.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 09/14/2011 Hours: 24 Bbls oil: 266 Mcf Gas: 213 Bbls H2O: 140  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 266 Mcf Gas: 213 Bbls H2O: 140 GOR: \_\_\_\_\_  
 Test Method: Pumping Casing PSI: 170 Tubing PSI: 240 Choke Size: 24/64  
 Gas Disposition: FLARED Gas Type: DRY BTU Gas: 1545 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: Mickenzie Gates  
Title: Regulatory Assistant Date: \_\_\_\_\_ Email mickenzie\_gates@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**

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

Total: 0 comment(s)