

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:

400213946

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 05-123-33088-00 6. County: WELD
7. Well Name: Critter Creek Well Number: 12-08H
8. Location: QtrQtr: SESE Section: 8 Township: 11N Range: 63W Meridian: 6
9. Field Name: HEREFORD Field Code: 34200

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 05/26/2011 Date of First Production this formation: 06/09/2011

Perforations Top: 7921 Bottom: 12636 No. Holes: 324 Hole size: 0.75

Provide a brief summary of the formation treatment: Open Hole: ☐

Fraced with 141,889 gals Linear Gel 20, 370,681 gals Lightning D 20, 145,385 gals Treated Fresh Water and 620,577# 20/40 sand.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 06/10/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 3 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 3 Bbls H2O: 0 GOR:

Test Method: Pumping Casing PSI: 20 Tubing PSI: 200 Choke Size:

Gas Disposition: FLARED Gas Type: DRY BTU Gas: 1518 API Gravity Oil: 35

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: 10/13/2011 Email: mickenzie_gates@eogresources.com

Attachment Check List

Att Doc Num	Name
400213946	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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