

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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

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 [X] 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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