

FORM
5

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:
400210988

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary 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 05-123-32665-00 6. County: WELD
 7. Well Name: Critter Creek Well Number: 15-19H
 8. Location: QtrQtr: SESE Section: 19 Township: 11N Range: 63W Meridian: 6
 Footage at surface: Distance: 525 feet Direction: FSL Distance: 501 feet Direction: FEL
 As Drilled Latitude: 40.901994 As Drilled Longitude: -104.468092

GPS Data:
Data of Measurement: 04/04/2011 PDOP Reading: 2.0 GPS Instrument Operator's Name: Robert L. Kay

** If directional footage at Top of Prod. Zone Dist.: 880 feet. Direction: FSL Dist.: 866 feet. Direction: FEL
 Sec: 19 Twp: 11N Rng: 63W
 ** If directional footage at Bottom Hole Dist.: 647 feet. Direction: FNL Dist.: 625 feet. Direction: FWL
 Sec: 19 Twp: 11N Rng: 63W

9. Field Name: WILDCAT 10. Field Number: 99999
 11. Federal, Indian or State Lease Number: Fee

12. Spud Date: (when the 1st bit hit the dirt) 12/29/2010 13. Date TD: 02/25/2011 14. Date Casing Set or D&A: 02/19/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 13050 TVD** 7499 17 Plug Back Total Depth MD 7679 TVD** 7416

18. Elevations GR 5288 KB 5310 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
CBL/VDL/GR/CCL, MUD, MUD-VERTICAL

20. Casing, Liner and Cement:
CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	20	16	42	0	60	50	0	60	CALC
SURF	13+1/2	9+8/5	36	0	1,457	600	0	1,457	CALC
1ST	8+3/4	7	23	0	7,724	681	50	7,724	CBL
1ST LINER	6	4+1/2	11.6	6883	13,046	0			

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SUSSEX	4,264		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	4,900		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,326		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,426		<input type="checkbox"/>	<input type="checkbox"/>	

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: 10/6/2011 Email: mickenzie_gates@eogresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400211691	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400210993	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400210994	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400210988	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	REC HARD COPY LOGS DOC#2204102-04, IN SCANNING	10/28/2011 11:28:55 AM
Permit	REQ HARD AND DIGITAL LOGS	10/12/2011 10:53:44 AM

Total: 2 comment(s)