

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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DRILLING COMPLETION REPORT

Document Number:  
400214032

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  
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 05-123-33103-00  
6. County: WELD  
7. Well Name: Critter Creek Well Number: 34-16H  
8. Location: QtrQtr: NWNE Section: 16 Township: 11N Range: 63W Meridian: 6  
Footage at surface: Distance: 301 feet Direction: FNL Distance: 1700 feet Direction: FEL  
As Drilled Latitude: 40.928764 As Drilled Longitude: -104.434606

GPS Data:

Date of Measurement: 10/12/2011 PDOP Reading: 2.4 GPS Instrument Operator's Name: Robert L. Kay

\*\* If directional footage at Top of Prod. Zone Dist.: 707 feet. Direction: FNL Dist.: 1351 feet. Direction: FEL

Sec: 16 Twp: 11N Rng: 63W

\*\* If directional footage at Bottom Hole Dist.: 657 feet. Direction: FSL Dist.: 2047 feet. Direction: FWL

Sec: 15 Twp: 11N Rng: 63W

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: 8725.5

12. Spud Date: (when the 1st bit hit the dirt) 07/14/2011 13. Date TD: 08/15/2011 14. Date Casing Set or D&A: 08/09/2011

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 12875 TVD\*\* 7369 17 Plug Back Total Depth MD 7659 TVD\*\* 7393

18. Elevations GR 5275 KB 5300

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/GR/CCL

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	24	16	42	0	80	45	0	80	CALC
SURF	13+1/2	9+5/8	36	0	1,423	623	0	1,423	CALC
1ST	8+3/4	7	23	0	7,702	862	216	7,702	CBL
1ST LINER	6	4+1/2	11.6	6895	12,871	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	3,584		<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE	4,258		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,310		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,422		<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: 10/26/2011 Email: mickenzie\_gates@eogresources.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400214037	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400214036	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"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b><u>Other Attachments</u></b>			
400214032	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>
Permit	rec logs doc#1672353-55, in scanning	12/12/2011 7:47:10 AM
Permit	REC CBL, REQ MWD LOGS	12/6/2011 7:36:50 AM
Permit	REQ LOGS	11/1/2011 11:25:45 AM

Total: 3 comment(s)