

ORIGINAL

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5278
Name: EOG Resources, Inc.
Address 3817 NW Expressway, Suite 500
City/State/Zip Oklahoma City, Oklahoma 73112
Purchaser: DUKE ENERGY FIELD SERVICES
Operator Contact Person: MINDY BLACK
Phone (405) 246-3130
Contractor: Name: ABERCROMBIE LTD, INC.
License: 30684
Wellsite Geologist: _____

Designate Type of Completion

____ New Well ____ Re-Entry X Workover (Recomp)
X Oil ____ SWD ____ SIOW ____ Temp. Abd.
____ Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc.)

If Workover/Reentry: Old Well Info as follows:

Operator: EOG RESOURCES, INC.
Well Name: GARDINER 11 #1
Original Comp. Date 4/14/05 Original Total Depth 5850'
____ Deepening ____ Re-perf. ____ Conv. to Enhr./SWD
____ Plug Back ____ Plug Back Total Depth
____ Commingled ____ Docket No. ____
____ Dual Completion ____ Docket No. ____
____ Other (SWD or Enhr?) ____ Docket No. ____
2/11/05 2/22/05 7/17/06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date
KCC with /OPER

API NO. 15- 025-21279-00-00 01
County CLARK
____ - C - NW - NE Sec. 11 Twp. 34 S. R. 24 ☐ E ☒ W
660' Feet from SW (circle one) Line of Section
1980' Feet from EW (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name GARDINER Well # 11 #1
Field Name _____
Producing Formation CHESTER
Elevation: Ground 1941' Kelley Bushing 1952'
Total Depth 5850' Plug Back Total Depth 5790'
Amount of Surface Pipe Set and Cemented at 809' Feet
Multiple Stage Cementing Collar Used? ____ Yes X No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content 4000 ppm Fluid volume 1000 bbls
Dewatering method used EVAPORATION
Location of fluid disposal if hauled offsite: _____
Operator Name _____
Lease Name _____ License No. _____
Quarter _____ Sec. _____ Twp. _____ S. R. ☐ E ☐ W
County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature Mindy Black
Title REGULATORY OPERATIONS ASSISTANT Date 8-3-06

Subscribed and sworn to before me this 3rd day of AUGUST

Notary Public Heather Nealson
Date Commission Expires 4-26-08

HEATHER NEALSON
Cleveland County
Notary Public in and for
State of Oklahoma

Commission # 04003796 Expires 4/26/08

KCC Office Use ONLY

N Letter of Confidentiality Attached
If Denied, Yes ☐ Date: _____
____ Wireline Log Received
____ Geologist Report Received
____ UIC Distribution

104891

Operator Name EOG RESOURCES, INC.Lease Name GARDINERWell # 11 #1Sec. 11 Twp. 34 S.R. 24 ☐ East ☒ WestCounty CLARK

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets.) ☐ Yes ☒ NoSamples Sent to Geological Survey ☒ Yes ☐ NoCores Taken ☐ Yes ☒ NoElectric Log Run (Submit Copy.) ☒ Yes ☐ No

List All E.Logs Run:

HIGH RESOLUTION INDUCTION LOG, MICROLOG, SPECTRAL DENSITY DUAL SPACED NEUTRON LOG

☒ Log

Formation (Top), Depth and Datums

☐ Sample

Name

Top

Datum

SEE ATTACHED SHEET

CASING RECORD ☐ New ☐ Used

Report all strings set-conductor, surface, intermediate, production, etc.

Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs./Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
<u>SURFACE</u>	<u>12 1/4"</u>	<u>8 5/8"</u>	<u>24#</u>	<u>809'</u>	<u>P.P</u>	<u>330</u>	<u>30% CC-1/4 Floc</u> <u>2% CC-1/4 Floc</u>
<u>PRODUCTION</u>	<u>7 7/8"</u>	<u>4 1/2"</u>	<u>10.5#</u>	<u>5850'</u>	<u>50/50 POZ</u>	<u>275</u>	<u>6% GILKINITE, 6% HCL</u> <u>6% Cal-Seal, 1% Salt</u> <u>5% D-Air</u>

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<u>Perforate</u> <u>Protect Casing</u> <u>Plug Back TD</u> <input checked="" type="checkbox"/> <u>Plug Off Zone</u>	<u>4698-4712</u>	<u>THIXOTROPIC & CL G</u>	<u>75</u>	<u>10% CAL-SEAL, 4% BENTONITE, 1% CC, 7.8 GAL WIR</u>

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
<u>4</u>	<u>5678'-5700'</u>	<u>50000# 20/40 BROWN SD, 14532 GAL 75%</u>	<u>5678-5700</u>
<u>4</u>	<u>4698'-4712' (SQUEEZED OFF PERFORATIONS)</u>	<u>Q GEL WIR, 500 GAL 15% HCL</u>	<u>4698-4712</u>

TUBING RECORD	Size	Set At	Packer At	Liner Run
	<u>2 3/8</u>	<u>5754'</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.	Producing Method			
<u>7/18/06 - RESUMED PROD AFTER WORKOVER</u>	<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity
	<u>14</u>	<u>0</u>	<u>55</u>	<u>-----</u> <u>40</u>

Disposition of Gas:

METHOD OF COMPLETION

Production Interval

☐ Vented ☒ Sold ☐ Used on Lease☐ Open Hole ☐ Perforation ☐ Dually Comp. ☐ Commingled

(If vented, submit ACO-18.)

☒ Other (Specify) Recompleted from Kansas City to Chesler.
Squeezed KC perfs + Drilled out CIBP
@ 6600'. Put on Pump