

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

CONFIDENTIAL

Operator: License # 5278  
Name: EOG RESOURCES, INC.  
Address: 3817 NW ESPRESSWAY, SUITE 500  
City/State/Zip: OKLAHOMA CITY, OK 73112  
Purchaser: DUKE ENERGY FIELD SERVICES  
Operator Contact Person: CHRISTIAN C. COMBS  
Phone: ( 405 ) 246-3100  
Contractor: Name: ABERCROMBIE RTD, INC.  
License: 30684

API No. 15 - 025-21262-0000  
County: CLARK  
SE NE NE Sec. 26 Twp. 34 S. R. 24  East  West  
990 feet from N (circle one) Line of Section  
330 feet from E (circle one) Line of Section  
Footage Calculation: NE Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: GARDINER Well #: 26 #1

Wellsite Geologist: AUSTIN GARNER  
Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  SWD  SIOW  Temp  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSW, Expl., Cathodic, etc)

Field Name: WILDCAT  
Producing Formation: CHESTER  
Elevation: Ground: 1910 Kelly Bushing: 1914  
Total Depth: 5900 Plug Back Total Depth: 5768  
Amount of Surface Pipe Set and Cemented at 790 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from \_\_\_\_\_  
feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.  
ALTI WITH 8-16-06

If Workover/Re-entry: Old Well Info as follows:  
Operator: \_\_\_\_\_  
Well Name: \_\_\_\_\_  
Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_  
 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. \_\_\_\_\_  
5/28/2004 6/5/2004 8/16/2004  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

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. \_\_\_\_\_  East  West  
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 of 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: Christian Combs  
Title: OPERATIONS ASSISTANT Date: 9/1/04  
Subscribed and sworn to before me this 1<sup>st</sup> day of September  
20 04  
Notary Public: Linda M. Bruster #01017071  
Date Commission Expires: \_\_\_\_\_  
Linda M. Bruster  
Notary Public in and for  
State of Oklahoma  
My commission expires Oct. 11, 2005.

**KCC Office Use ONLY**  
 Letter of Confidentiality Received  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

✓

Operator Name: **EOG RESOURCES, INC.** Lease Name: **GARDINER** Well #: **26 #1**  
 Sec. **26** Twp. **34** S. R. **24**  East  West County: **CLARK**

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). 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  Yes  No  
 (Attach Additional Sheets)

Samples Sent to Geological Survey  Yes  No

Cores Taken  Yes  No

Electric Log Run  Yes  No  
 (Submit Copy)

List All E. Logs Run:

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Name	Top	Datum
BASE OF HEEBNER	4234	2320
LANSING	4417	2503
MARMATON	5054	3140
MORROW	5465	3551
CHESTER	5478	3564

**INDUCTION / MIRCROLOG / DENSITY**

CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> 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
SURFACE	12 1/4	8 5/8	24	790	PREM PLUS	320	2%CC+1/4# FLOCELE
PRODUCTION	7 7/8	4 1/2	10.5	5900	50/50 POZ	325	10%SALT, 6%CAISEAL&HALAD, 5%D

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

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
4	5714-24, 5732-38, 5754-56 (72 SHOTS)	500g 15% NEFE HCL	5754-56
		1000g 15% NEFE HCL & 20 BALL SEALERS(1.3 SG)	5714-56
		50000# 20/40 BRN SND & 15540g 75% CO2 FOAM	5714-56

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8	5680	-----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 8/16/2004			Producing Method <input checked="" type="checkbox"/> Flowing <input 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
	0	148	3	-----	-----

Disposition of Gas  Vented  Sold  Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION  Open Hole  Perf.  Dually Comp.  Commingled  Other (Specify) \_\_\_\_\_

Production Interval \_\_\_\_\_







