ORIGINAL

Date Commission Expires

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

RECEIVED KANSAS CORPORATION COMMISSION 1999

WELL COMPLETION FORM ĒLL HISTORY - DESC

CRIPTION OF WELL & LEASE CONSERVATION DIVISION
API NO. 15- 189-22571-0000
County STEVENS
<u>SW - SW - NW Sec. 14</u> Twp. <u>31</u> S. R. <u>36</u> DEXX v
2310 Feet from S(N)(circle one) Line of Section
625 Feet from E(W)(circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name Well # Well #
Field Name UNASSIGNED
Producing Formation ATOKA
Elevation: Ground 3042' Kelley Bushing 3054'
Total Depth 6.400' Plug Back Total Depth 6192
Amount of Surface Pipe Set and Cemented at Feet
Multiple Stage Cementing Collar Used? X Yes No
If yes, show depth set
If Alternate II completion, cement circulated from
feet depth tow/sx cmt.
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chiloride content 4000 ppm Fluid volume 1000 bbls
Dewatering method used <u>EVAPORATION</u>
Location of fluid disposal if hauled offsite:
Operator Name
Lease NameLicense No
Quarter Sec. Twp. S R. E W
County Docket No.
the Kansas Corporation Commission, 130 S. MarkeT - Room 2078, Wichita, over or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. d of 12 months if requested in writing and submitted with the form (see rule vireline logs and geologist well report shall be attached with this form. ALL all plugged wells. Submit CP-111 form with all temporarily abandoned wells.
ate the oil and gas industry have been fully complied with and the statements
KCC Office Use ONLY

UIC Distribution

Operator: License # 5278 EOG Resources, Inc. Name: 3817 NW Expressway, Suite 500 Address City/State/Zip Oklahoma City, Oklahoma 73112 Purchaser: ANADARKO ENERGY COMPANY Operator Contact Person: DAWN ROCKEL Phone (405) 246-3226 Contractor: Name: ABERCROMBIE RTD, INC. License: 30684 Wellsite Geologist: Designate Type of Completion X New Well Re-Entry Workover _ Oil __ SWD ____ SIOW ____ Temp. Abd. _X__ Gas __ ENHR - SIGW Dry Other (Core, WSW, Expl., Cathodic, etc.) If Workover/Reentry: 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. _ 2/8/07 2/21/07 3/10/07 Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date INSTRUCTIONS: An original and two copies of this form shall be filed with Kansas 67202, within 120 days of the spud date, recompletion, work Information on side two of this form will be held confidential for a period 82-3-107 for confidentiality in excess of 12 months). One copy of all v CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with All requirements of the statutes, rules and regulations promulgated to regu herein are complete and correct to the best of my knowledge. Signature Title SR. OPERATIONS ASSISTANT **Letter of Confidentiality Attached** Subscribed and sworn to before me this If Denied, Yes Date:_ 20 🔰 Wireline Log Received Notary Public Geologist Report Received

W. CKE AHO.