

1/22/10, Form ACO-1
September 1999
Form must be Typed
ORIGINAL

CONFIDENTIAL 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: N/A
Operator Contact Person: DAWN ROCKEL
Phone (405) 246-3226
Contractor: Name: ABERGROMBIE RTD, INC.
License: 30684
Wellsite Geologist: _____

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 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. _____
11/20/07 11/28/07 DRY
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API NO. 15- 189-22628-0000
County STEVENS
NE - NE - SW - NE Sec. 18 Twp. 31 S. R. 36 E W
1460 Feet from S (circle one) Line of Section
1470 Feet from E (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name LOEWEN-FISHER Well # 18 #1
Field Name _____
Producing Formation N/A
Elevation: Ground 3033' Kelley Bushing 3044'
Total Depth 6250 Plug Back Total Depth N/A
Amount of Surface Pipe Set and Cemented at 1638 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.

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.

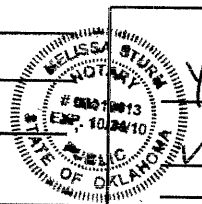
Signature Dawn Rockel

Title SR OPERATIONS ASSISTANT Date 1/21/08

Subscribed and sworn to before me this 23rd day of January
20 08.

Notary Public Melissa Sturm

Date Commission Expires 10/24/2010



KCC Office Use ONLY

Letter of Confidentiality Attached If Denied, Yes Date: _____

Wireline Log Received _____
Geologist Report Received _____
UIC Distribution _____

RECEIVED

KANSAS CORPORATION COMMISSION

JAN 25 2008

CONSERVATION DIVISION
WICHITA, KS