

5278

EOG Resources. Inc.

Purchaser: ONEOK FIELD SERVICES COMPANY LLC

Operator Contact Person: DAWN ROCKEL

3817 NW Expressway, Suite 500

Oklahoma City. OK 73112-1483

Operator: License #

City/State/Zip

Name:

Address

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

ORIGINAL

September 1999 Form must be Typed.

WELL COMPLETION FORM **WELL HISTORY - DESCRIPTION OF**

IPTION OF WELL & LEASE 9/24/10
API NO. 15- 189-22651-0000
County STEVENS
<u>N2 - S2 - NF - NW Sec. 28</u> Twp. <u>31</u> S. R. <u>35</u> [EX] W
800 Feet from (N) 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 CULLISON Well # Well # Well # Well #
Producing Formation MISSISSIPPIAN
Sevation: Ground 3008' Kelley Bushing 3020'
Total Depth 6300' Plug Back Total Depth est. 6208'
Amount of Surface Pipe Set and Cemented at 1622 Feet
Multiple Stage Cementing Collar Used? Yes X No
If yes, show depth setFeet
If Alternate II completion, cement circulated from
feet depth tow/sx cmt.
Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Chloride content 4000 ppm Fluid volume 1000 bbis

Phone (405) 246-3226 (ci Contractor: Name: KENAI MID-CONTINENT, INC. Lease Name RECEIVED ssion Field Name Producing Fo Designate Type of Completion CONSERVATION DIVIS or Glevation: G Workover WICHITA, KS Total Depth X New Well Amount of Su _X__oil _ SIOW _'Temp, Abd, Multiple Stag ____ Gas ____ ENHR SIGW Dry __ Other (Core, WSW, Expl., Cathodic, etc.) If yes, show o If Workover/Reentry: Old Well Info as follows: If Alternate II Operator: feet depth to **Drilling Fluid** Well Name: (Data must be Original Comp. Date _____ Original Total Depth ___ Déepening _____ Re-perf. ____ Conv. to Enhr./SWD Chioride cont Dewatering method used <u>EVAPORATION</u> - Plug Back --- Plug Back Total Depth Location of fluid disposal if hauled offsite: ___ Commingled Docket No. _ Operator Name __ Dual Completion Docket No. ___ Lease Name _ Other (SWD or Enhr?) Docket No. _ 6/4/2008 Quarter _____Sec. ___Twp. S.R. TE W 6/9/2008 6/26/2008 Spud Date or Date Reached TD Completion Date or Docket No. Recompletion Date Recompletion Date 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 chiland cas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge. HERESE FOR Signature KCC Office Use ONLY Title SR. OPERATIONS ASSISTANT " **Letter of Confidentiality Attached** If Denied, Yes Date: 20 OS Wireline Log Received Notary Public Geologist Report Received **UIC Distribution Date Commission Expires**