Form ACO-1
September 1999
Form must be Typed

WELL SWIPE HON FORM
LHISTORY - DESCRIPTION OF WELL & LEASE

12/23/10

Operator: License # 5278	A NO. 15- 189-22666-00-00
Name: EOG Resources, Inc.	deunty Stevens
Address 3817 NW Expressway, Suite 500	- NW - NW - NE Sec. 26 Twp. 32 S. R. 37 DEXW
City/State/Zip Oklahoma City, OK 73112-1483	Feet from SN (circle one) Line of Section
Purchaser: DCP Midstream, LBONFIDENTIAL	2310 Feet from EW (circle one) Line of Section
Operator Contact Person: Malinda Crall 2 2 2000	Footages Calculated from Nearest Outside Section Corner:
Phone (405) 246-3170	(circle one) (NE) SE NW SW
Contractor: Name: KENAI MID-CONTINENT INCKAWSAS TEST	Lease Name Willis Well# 26 #1
License: 34000	EEDeld Name Willis
Operator Contact Person: Malinda Crall Phone (405) 246-3170 Contractor: Name: KENAI MID-CONTINENT, INCKANSAS CORPORATION License: 34000 Wellsite Geologist: CONSELLO CONSE	Producing Formation Morrow
Designate Type of Completion	Council Servention: Ground 3,111 washing 3,123
Y New Well Workover	Plug Back Total Depth 6,473 est.
X New Well No-Z-1-1 Workover	104 July 104
Oil SWD SIOW Temp. Abd.	
Gas ENHR SIGW	Multiple Stage Cementing Collar Used? Yes X No
Dry Other (Core, WSW, Expl., Cathodic, etc.)	If yes, show depth setFeet
If Workover/Reentry: Old Well Info as follows:	If Alternate II completion, cement circulated from
Operator:	feet depth tow/sx cmt.
Well Name:	Drilling Fluid Management Plan
Original Comp. Date Original Total Depth	(Data must be collected from the Reserve Pit)
Deepening Re-perf Conv. to Enhr./SWD	Chloride content 4000 ppm Fluid volume 1000 bbls
——— Plug Back ————————————————————————————————————	Dewatering method used <u>Evaporation</u>
Commingled Docket No	Location of fluid disposal if hauled offsite:
Dual Completion Docket No	Operator Name
Other (SWD or Enhr?) Docket No	Lease NameLicense No
9-3-08 9-14-08 12-4-08	Quarter Sec Twp S R E W
Spud Date or Date Reached TD Completion Date or Recompletion Date	County Docket No
Kansas 67202, within 120 days of the spud date, recompletion, wo Information on side two of this form will be held confidential for a per 82-3-107 for confidentiality in excess of 12 months). One copy of a CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with All requirements of the statutes, rules and regulations promulgated to repere herein are complete and correct to the best of my knowledge. Signature Title Sr. Operations Assistant Date #1	2/23/08
Notary Public Milite Tolkie	If Denied, Yes Date: Wireline Log Received Geologist Report Received UIC Distribution