

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

MAY 01 2009
RECEIVED

Form must be Typed
ORIGINAL
4/27/11

OPERATOR: License # 5278

Name: EOG Resources, Inc.

Address 1: 3817 NW Expressway, Suite 500

Address 2: Suite 500

City Oklahoma City State OK Zip: 73112 +

Contact Person: Terry Foster

Phone (405) 246-3152

CONTRACTOR: License # 34000

Name: KENAI MID-CONTINENT, INC.

Wellsite Geologist: _____

Purchaser: Teppco Crude Oil and ONEOK Field Services

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APR 27 2009

Designate Type of Completion

- New Well _____ Re-Entry _____ Workover
- Oil _____ SWD _____ SIOW
- Gas _____ ENHR _____ SIGW
- _____ CM (Coal Bed Methane) _____ Temp. Abd.
- _____ 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 _____ Conv.to SWD

_____ Plug Back _____ Plug Back Total Depth _____

_____ Commingled Docket No. _____

_____ Dual Completion Docket No. _____

_____ Other (SWD or Enhr?) Docket No. _____

1/4/2009 1/11/2009 2/24/2009
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API NO. 15- 189-22674-00-00

Spot Description: _____

NE SW SE Sec. 28 Twp. 31 S. R. 35 East West

1200 Feet from North / South Line of Section

950 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County Stevens

Lease Name Cullison Well # 28 #4

Field Name Cutter South

Producing Formation Mississippian

Elevation: Ground 3005 Kelley Bushing 3017

Total Depth 6200 Plug Back Total Depth _____

Amount of Surface Pipe Set and Cemented at 1625 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. _____ 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 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 Terry Foster

Title Sr. Regulatory Administrator Date 4/30/2009

Subscribed and sworn to before me this 30th day of April

20 09

Notary Public Kaye Dawn Rockel

Date Commission Expires 10/24/2012 Commission # 08010434 Expires 10/24/12

KCC Office Use ONLY

Letter of Confidentiality Attached
If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution