

RECEIVED

Form must be Typed

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

JUL 08 2009

KCC WICHITA

ORIGINAL

7/06/11

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: Sheila Rogers

Phone (405-) 246-3236

CONTRACTOR: License # 34000

Name: KENAI MID-CONTINENT, INC.

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion **KCC**

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. _____

5-13-09 5/19/09 P&A 5/20/09

Spud Date or _____ Date Reached TD _____ Completion Date or _____
Recompletion Date _____ Recompletion Date _____

API NO. 15- 189-22684-00-00

Spot Description: _____

S/2 - NW - NW - NW Sec. 1 Twp. 34 S. R. 39 East West

400 Feet from North / South Line of Section

330 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County Stevens

Lease Name Burrows Well # 1 #1

Field Name Wildcat

Producing Formation N/A

Elevation: Ground 3250 Kelley Bushing _____

Total Depth 6750 Plug Back Total Depth N/A

Amount of Surface Pipe Set and Cemented at 1678 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 cm.

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 West Sunset Disposal LLC

Lease Name ROHER License No. 32462

Quarter _____ Sec. 36 Twp. 34 S. R. 36 East West

County Stevens Docket No. D27649

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.

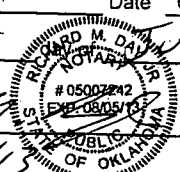
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature Sheila Rogers
Title Drilling Engineering Tech Date 6/22/09

Subscribed and sworn to before me this 7th day of July

2009
Notary Public _____

Date Commission Expires 8/5/11



KCC Office Use ONLY

Letter of Confidentiality Attached
If Denied, Yes Date: _____

Wireline Log Received
 Geologist Report Received
 UIC Distribution