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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form must be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

11/7/08

CONFIDENTIAL

Operator: License # 5278

Name: EOG Resources, Inc.

Address 3817 NW Expressway, Suite 500

City/State/Zip Oklahoma City, Oklahoma 73112

Purchaser: ANADARKO ENERGY COMPANY **KCC**

Operator Contact Person: MINDY BLACK **NOV 07 2006**

Phone (405) 246-3130 **CONFIDENTIAL**

Contractor: Name: ABERCROMBIE RID, INC.

License: 30684

Wellsite Geologist: _____

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SIOW 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. _____

7/13/06 7/26/06 8/4/06
Spud Date or Completion Date
Recompletion Date Date Reached TD Recompletion Date

APFNO. 15- 189-22544-0000

County STEVENS

E/2 - E/2 - SE Sec. 1 Twp. 31 S. R. 38 E W

1320' Feet from S/N (circle one) Line of Section

330' Feet from EW (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name NETTIE MAY Well # 1 #1

Field Name _____

Producing Formation MORROW

Elevation: Ground 3113' Kelley Bushing 3125'

Total Depth 6000' Plug Back Total Depth 5444'

Amount of Surface Pipe Set and Cemented at 1694' 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 crnt.

Drilling Fluid Management Plan **JA 8/15/08**

(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 Mindy Black

Title REGULATORY OPERATIONS ASSISTANT Date 12/5/2006

Subscribed and sworn to before me this 5TH day of DECEMBER

20 06

Notary Public Heather Nealson

Date Commission Expires 4-26-08



HEATHER NEALSON
Cleveland County
Notary Public in and for
State of Oklahoma

Commission # 04003796 Expires 4/26/08

KCC Office Use ONLY

N Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

RECEIVED

DEC 07 2006

KCC WICHITA

Operator Name EOG RESOURCES, INC.

Lease Name NETTIE MAY

Well # 1 #1

Sec. 1 Twp. 31 S.R. 38 East West

County STEVENS

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets.) Yes No
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run (Submit Copy.) Yes No

Log Formation (Top), Depth and Datums Sample
 Name Top Datum

SEE ATTACHED SHEET

List All E.Logs Run:

ARRAY COMPENSATED RESISTIVITY LOG, MICROLOG,
 SPECTRAL DENSITY DUAL SPACED NEUTRON MICROLOG,
 SPECTRAL DENSITY DUAL SPACED NEUTRON LOG, MUDLOG

CASING RECORD <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs./Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
<u>SURFACE</u>	<u>12 1/4</u>	<u>8 5/8</u>	<u>24#</u>	<u>1694'</u>	<u>MIDCON PP</u>	<u>300</u>	<u>3%CC, .125POLY</u>
					<u>PREM PLUS</u>	<u>180</u>	<u>2%CC, .125POLY</u>
<u>PRODUCTION</u>	<u>7 7/8</u>	<u>4 1/2</u>	<u>10.5#</u>	<u>5501'</u>	<u>PREM PLUS</u>	<u>280</u>	<u>SEE CAT TIX</u>

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	<u>5558-5658</u>	<u>PREM CLASS G</u>	<u>30</u>	<u>.5% HALAD (R) -322, 5.038 GAL. FRESH WATER</u>

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
<u>4</u>	<u>5324' -5328'</u>		
<u>4</u>	<u>5338' -5342'</u>		
<u>*</u>	<u>* CIBP SET AT 5333' *</u>		

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<u>2 3/8</u>	<u>5420'</u>			
Date of First, Resumed Production, SWD or Enhr.			Producing Method			
<u>8/23/06</u>			<input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	
	<u>0</u>	<u>1387</u>	<u>18</u>	<u>-----</u>	<u>.7169</u>	

Disposition of Gas: **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease Open Hole Perforation Dually Comp. Commingled

(If vented, submit ACO-18.) Other (Specify) _____