

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008

Form must be Typed

11/09/11

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Diamondoid

OPERATOR: License # 15278

Name: EOG Resources, Inc.

Address 1: 3817 NW Expressway, Suite 500

Address 2: Suite 500

City Oklahoma City State OK Zip: 73112

Contact Person: DAWN ROCKEL

Phone (405) 246-3226

CONTRACTOR: License # 34000

Name: KENAI MID-CONTINENT, INC.

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SLOW

Gas ENHR SICK

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. _____

7/15/09 7/20/09 10/16/09

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

API NO. 15- 129-21878-0000

Spot Description: _____

E2 - E2 - SW - SW Sec. 16 Twp. 33 S. R. 39 East West

660 Feet from North / South Line of Section

1250 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County MORTON

Lease Name CHARLENE Well # 16 #1

Field Name _____

Producing Formation MORROW

Elevation: Ground 3235' Kelley Bushing 3246'

Total Depth 6550' Plug Back Total Depth EST. 6492'

Amount of Surface Pipe Set and Cemented at 1618 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 WEST SUNSET DISPOSAL, LLC

Lease Name CHARLENE 16 #1 License No. 32462

Quarter SW Sec. 16 Twp. 33 S. R. 39 East West

County MORTON 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 Dawn Rockel

Title SR. OPERATIONS ASSISTANT Date 11/5/09

Subscribed and sworn to before me this 10th day of November

20 09
Notary Public Diana Jgleheart

Date Commission Expires 7/6/13

KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

CONFIDENTIAL

RECEIVED
NOV 12 2009
KCC WICHITA