

# ORIGINAL

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
October 2008  
Form Must Be Typed

## WELL COMPLETION FORM

### WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5278  
Name: EOG Resources, Inc.  
Address 1: 3817 NW Expressway, Suite 500  
Address 2: \_\_\_\_\_  
City: Oklahoma City State: OK Zip: 73112 + 1483  
Contact Person: Sheila Rogers  
Phone: ( 405 ) 246-3236  
CONTRACTOR: License # 34000  
Name: Kenai Mid-Continent, Inc.  
Wellsite Geologist: \_\_\_\_\_  
Purchaser: N/A

Designate Type of Completion:  
☒ New Well ☐ Re-Entry ☐ Workover  
☐ Oil ☐ SWD ☐ SIOW  
☐ Gas ☐ ENHR ☐ SIGW  
☐ CM (Coal Bed Methane) ☐ Temp. Abd.  
☐ Dry ☒ Other Lost circ, stuck pipe, P&A  
(Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-entry: 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.: \_\_\_\_\_

11/25/2009

P&A 11/29/09

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

API No. 15 - 129-21887-00-00  
Spot Description: \_\_\_\_\_  
NW SW SE NW Sec. 16 Twp. 34 S. R. 39 ☐ East ☒ West  
2105' Feet from ☒ North / ☐ South Line of Section  
1570' Feet from ☐ East / ☒ West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
☐ NE ☒ NW ☐ SE ☐ SW  
County: Morton  
Lease Name: EF Well #: 16 #1  
Field Name: Wildcat  
Producing Formation: N/A  
Elevation: Ground: 3319' Kelly Bushing: 3330'  
Total Depth: 1497' Plug Back Total Depth: N/A  
Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ 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/ \_\_\_\_\_

#### Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 4,000 ppm Fluid volume: 1,000 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 of 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: Delegating Tech Date: 1-26-10

Subscribed and sworn to before me this 26th day of January

2010

Notary Public: \_\_\_\_\_

Date Commission Expires: 1/5/13



#### KCC Office Use ONLY

N Letter of Confidentiality Received

If Denied, Yes ☐ Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

RECEIVED

JAN 27 2010

KCC WICHITA

Operator Name: EOG Resources, Inc. Lease Name: EF Well #: 16 #1  
 Sec. 16 Twp. 34 S. R. 39 ☐ East ☒ West County: Morton

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>(Submit Copy)</i><br><br>List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br>Name Top Datum<br><br>N/A |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

| CASING RECORD <input type="checkbox"/> New <input 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 |
| N/A                                                                       |                   |                           |                   |               |                |              |                            |
|                                                                           |                   |                           |                   |               |                |              |                            |
|                                                                           |                   |                           |                   |               |                |              |                            |

| ADDITIONAL CEMENTING / SQUEEZE RECORD                                                                                                                            |                  |                |             |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------|-------------|----------------------------|
| Purpose:                                                                                                                                                         | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
| <input type="checkbox"/> Perforate<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><input type="checkbox"/> Plug Off Zone | N/A              |                |             |                            |
|                                                                                                                                                                  |                  |                |             |                            |

| Shots Per Foot                          | PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br>(Amount and Kind of Material Used) | Depth |
|-----------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------|
|                                         | N/A                                                                                       |                                                                                   |       |
|                                         |                                                                                           |                                                                                   |       |
|                                         |                                                                                           |                                                                                   |       |
|                                         |                                                                                           |                                                                                   |       |
|                                         |                                                                                           |                                                                                   |       |
| TUBING RECORD: Size: Set At: Packer At: |                                                                                           | Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No               |       |
| N/A                                     |                                                                                           |                                                                                   |       |

|                                                 |           |                                                                                                                                                                |             |               |         |
|-------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|---------|
| Date of First, Resumed Production, SWD or Enhr. |           | Producing Method: <input 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 |

|                                                                                                                                                                   |                                                                                                                                                                                                                                                                   |                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| DISPOSITION OF GAS:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><input checked="" type="checkbox"/> Other (Specify) <u>Lost circ, stuck pipe, P&amp;A</u> | PRODUCTION INTERVAL:<br>_____<br>_____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|