

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: 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: TEPPCO CRUDE OIL LLC/ANADARKO PETROLEUM

Designate Type of Completion

____ New Well ____ Re-Entry X Workover
X 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: EOG Resources, Inc.

Well Name: Verna 11 #5

Original Comp. Date 12-5-07 Original Total Depth 6750

____ 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. _____

10/21/09 11/4/09
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API NO. 15- 189-22625-000X0

Spot Description: _____

-E/2 - NW - SW Sec. 11 Twp. 34 S. R. 38 East West

1980 Feet from North / South Line of Section

990 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County STEVENS

Lease Name VERNA Well # 11 #5

Field Name VERNA

Producing Formation MISSISSIPPIAN

Elevation: Ground 3195' Kelley Bushing 3204'

Total Depth 6750' Plug Back Total Depth 6675'

Amount of Surface Pipe Set and Cemented at 1612' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 3382' Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan OWWO - AIT I NR
(Data must be collected from the Reserve Pit) 2-22-10

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 Dawn Rockel

Title SR. OPERATIONS ASSISTANT Date 2/12/2010

Subscribed and sworn to before me this 16th day of February 2010.

Notary Public Deanna Idelheart Notary Public
State of Oklahoma
Commission # 0905487 Expires 07/06/13

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

Operator Name EOG RESOURCES, INC.

Lease Name VERNA

Well # 11 #5

Sec. 11 Twp. 34 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, 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 <i>(Attach Additional Sheets)</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <i>(Submit Copy)</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No List All E.Logs Run: RESISTIVITY, MICROLOG, DENSITY NEUTRON, DENSITY NEUTRON W/ MICROLOG, SONIC, CEMENT BOND	<input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample Formation (Top), Depth and Datums Name Top Datum SEE ATTACHED SHEET
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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
SURFACE	12 1/4"	8 5/8"	24#	1612'	MIDCON 2 PP	300	SEE CMT TIX
					PREM PLUS	180	SEE CMT TIX
PRODUCTION	7 7/8"	4 1/2"	11.6#	6741'	50/50 POZ	455	SEE CMT TIX

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 type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
4	6586' -6594'		6586-6594
4	6558' -6570' *	1500 GAL HCL	6558-6570

TUBING RECORD	Size <u>2 3/8"</u>	Set At <u>6616' *</u>	Packer At <u>N/A *</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. * RECOMPLETON 1ST SALES - 11/4/09	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls. <u>23</u>	Gas Mcf <u>-0-</u>	Water Bbls. <u>30</u>	Gas-Oil Ratio <u>- - - -</u>	Gravity <u>44.8</u>
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, submit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval <u>6558-6570</u>
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