

CONFIDENTIAL

MAR 17 2010

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008

WELL COMPLETION FORM

Form must be Typed
3/15/12

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 **KCC**

Name: KENAI MID-CONTINENT, INC. **MAR 15 2010**

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion

- ____ 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: SAME

Well Name: SAME

Original Comp. Date 1/7/09 Original Total Depth 6470'

____ 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. _____

11/18/09 11/24/09

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

API NO. 15- 129-21855-0000

Spot Description: _____

- N2 - SE - NE Sec. 7 Twp. 33 S. R. 39 East West

1650 Feet from North / South Line of Section

660 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County MORTON

Lease Name DEGARMO TRUST Well # 7 #1

Field Name _____

Producing Formation N/A

Elevation: Ground 3249' Kelley Bushing 3261'

Total Depth 6470' Plug Back Total Depth 6414 EST.

Amount of Surface Pipe Set and Cemented at 1613 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 NICHOLS FLUID SERVICE

Lease Name JOHNSON #3 License No. 31983

Quarter _____ Sec. 16 Twp. 34 S. R. 32 East West

County SEWARD Docket No. D27805

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 3/15/2010

Subscribed and sworn to before me this 16th day of March

20 10 Notary Public Diana Igleheart

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 _____