

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form must be Typed
Corrected 2/8/11

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 # 30684

Name: ABERCROMBIE RTD, INC.

Wellsite Geologist: _____

Purchaser: ANADARKO ENERGY COMPANY

Designate Type of Completion

____ New Well ____ Re-Entry X Workover

____ Oil X 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 6/13/07 Original Total Depth 6250

____ Deepening ____ Re-perf. ____ Conv.to Enhr X Conv.to SWD

____ Plug Back ____ Plug Back Total Depth

____ Commingled Docket No. _____

____ Dual Completion Docket No. _____

X Other (SWD or Enhr?) Docket No. D-30484

11/4/09 12/10/09
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API NO. 15- 129-21796 - 0001

Spot Description: _____

NW - SW - NE - NE Sec. 20 Twp. 33 S. R. 39 East West

720 Feet from North / South Line of Section

1120 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County MORTON

Lease Name LINK Well # 20 #1

Field Name _____

Producing Formation N/A

Elevation: Ground 3243 Kelley Bushing 3255

Total Depth 6250 Plug Back Total Depth 6150

Amount of Surface Pipe Set and Cemented at 1679 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set NEW 3212 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 _____

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 2/16/2010

Subscribed and sworn to before me this 24th day of February

20 10.
Notary Public Diana Gleheart

Date Commission Expires 7/6/13

KCC Office Use ONLY	
<u>Y</u>	Letter of Confidentiality Attached
<input type="checkbox"/>	If Denied, Yes <input type="checkbox"/> Date: _____
<input checked="" type="checkbox"/>	Wireline Log Received <input checked="" type="checkbox"/>
<input type="checkbox"/>	Geologist Report Received
<input type="checkbox"/>	UIC Distribution

