

CONFIDENTIAL

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

3/25/10

Operator: License # 5278

Name: EOG Resources, Inc.

Address 3817 NW Expressway, Suite 500

City/State/Zip Oklahoma City, Oklahoma 73112

Purchaser: _____

Operator Contact Person: TERRY FOSTER

Phone (405) 246-3152

Contractor: Name: ABERCROMBIE RTD, INC.

License: 30684

Wellsite Geologist: _____

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.

Gas ENHR SIGW

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./SWD

Plug Back Plug Back Total Depth _____

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Enhr?) Docket No. _____

1/10/2008 1/25/2008

Spud Date or Date Reached TD Completion Date or Recompletion Date

API NO. 15- 081-21701-0000

County HASKELL

 - SE - NE - NW Sec. 1 Twp. 28 S. R. 34 E W

1072 Feet from S (circle one) Line of Section

2031 Feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name APSLEY Well # 1 #2

Field Name _____

Producing Formation MORROW

Elevation: Ground 3059 Kelley Bushing 3071

Total Depth 5800 Plug Back Total Depth 5330

Amount of Surface Pipe Set and Cemented at 1699 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 _____

Lease Name _____ License No. _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ E W

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 Terry Foster

Title SR. REGULATORY ADMINISTRATOR Date 3/25/2008

Subscribed and sworn to before me this 25th day of March

2008 KAYE DAWN ROCKEL

Notary Public Kaye Dawn Rockel

Date Commission Expires Commission # 04009575 Expires 10/21/08

KCC Office Use ONLY RECEIVED
KANSAS CORPORATION COMMISSION

Letter of Confidentiality Attached
If Denied, Yes Date: MAR 26 2008

Wireline Log Received
 Geologist Report Received
 UIC Distribution
CONSERVATION DIVISION
WICHITA, KS

Operator Name EOG RESOURCES, INC.

Lease Name APSLEY

Well # 1 #2

Sec. 1 Twp. 28 S.R. 34 East West

County HASKELL

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. 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 (Attach Additional Sheets.) Yes No

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run (Submit Copy.) Yes No

List All E.Logs Run:

ARRAY, MICROLOG, SPECTRAL DENSITY NEUTRON, SPECTRAL DENSITY NEUTRON MICROLOG, ARRAY SONIC

Log Formation (Top), Depth and Datums Sample

Name Top Datum

SEE ATTACHED

CASING RECORD New 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#	1699	MIDCON & PP	300	SEE CMT TIX
					PP, 14.8PPG	180	
PRODUCTION	7 7/8	4.5	10.5	5730	PP	205	SEE CMT TIX

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose ____ Perforate ____ Protect Casing ____ Plug Back TD ____ Plug Off Zone	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	CIBP		5330
4	5293' -5298'	10,000# 20/40 SD, 15,008 GALS	5293-5298
		50% CO2 GELLED DIESEL	

TUBING RECORD	Size 2 3/8	Set At 5350'	Packer At NONE	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. DRY - PENDING P&A	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas: **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease Open Hole Perforation Dually Comp. Commingled

(If vented, submit ACO-18.) Other (Specify) _____

