

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: DCP MIDSTREAM, LP

Designate Type of Completion Recompletion

New Well Re-Entry Workover

Oil SWD SLOW

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: GARDINER 16 #1

Original Comp. Date 5/27/05 Original Total Depth 5950'

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. _____

2/4/10 2/24/10
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API NO. 15- 025-21294-00-01

Spot Description: _____

W2 - E2 - E2 - SE Sec. 16 Twp. 34 S. R. 24 East West

1320 Feet from North / South Line of Section

560 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County CLARK

Lease Name GARDINER Well # 16 #1

Field Name _____

Producing Formation MISSISSIPPIAN

Elevation: Ground 1938 Kelley Bushing 1950

Total Depth 5950 Plug Back Total Depth 5905' EST

Amount of Surface Pipe Set and Cemented at 796 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/ _____^{sq 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 RECEIVED

Location of fluid disposal if hauled offsite: _____

JUN 04 2010

Operator Name _____

Lease Name _____

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 6/2/2010

Subscribed and sworn to before me this 2nd day of June 2010 DIANA IGLEHEART

Notary Public DIANA IGLEHEART
State of Oklahoma
Commission # 09005482 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

1002 A		
Well Name : Gardiner 16 #1		
FORMATION	TOP	DATUM
Chase	2320'	370
Council Grove	2810'	860
Wabaunsee	3340'	1390
Base Heebner	4265'	2315
Lansing	4450'	2500
Stark	4965'	3015
Marmaton	5085'	3135
Altamont	5130'	3180
Pawnee	5200'	3250
Cherokee Shale	5260'	3310
Atoka	5435'	3485

RECEIVED
KANSAS CORPORATION COMMISSION
JUN 04 2010
CONSERVATION DIVISION
WICHITA, KS