

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 26 #2

Original Comp. Date 5/4/05 Original Total Depth 5900'

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. _____

2/2/2010 3/1/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API NO. 15- 025-21289 -00-01

Spot Description: _____

N2 - SW - NE - SE Sec. 26 Twp. 34 S. R. 24 East West

1850 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 CLARK

Lease Name GARDINER Well # 26 #2

Field Name WILDCAT

Producing Formation MISSISSIPPIAN

Elevation: Ground 1910' Kelley Bushing 1921'

Total Depth 5900' Plug Back Total Depth 5821' EST

Amount of Surface Pipe Set and Cemented at 808 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. cm.}

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: RECEIVED

Operator Name JUN 02 2010

Lease Name _____ License KCC WICHITA

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 Roc

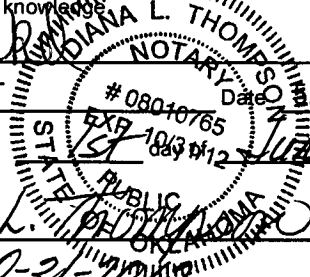
Title SR. OPERATIONS ASSISTANT

Subscribed and sworn to before me this

20 10

Notary Public Diana L. Thompson

Date Commission Expires 10-31-2012



KCC Office Use ONLY

N Letter of Confidentiality Attached
If Denied, Yes Date: _____

_____ Wireline Log Received

_____ Geologist Report Received

_____ UIC Distribution

Operator Name EOG RESOURCES, INC. Lease Name GARDINER Well # 26 #2

Sec. 26 Twp. 34 S.R. 24 East West County CLARK

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 (Attach Additional Sheets) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run (Submit Copy) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No List All E.Logs Run: PREVIOUSLY SUBMITTED	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample Name Top Datum SEE ATTACHED ACO-1
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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#	808'	MIDCON PP	210	
					PREM PLUS	130	
PRODUCTION	7 7/8	4 1/2	10.5#	5900'	50/50 POZPP	175	

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	5360-5402	CLASS 'H'	75	NEAT

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
4	5360-5366' 5396-5402'	ACIDIZE W/2000 GALS HCL.	5360-5402

TUBING RECORD	Size 2 3/8	Set At 5493'	Packer At N/A	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. RECOMPLETION 1ST SALES - 3/1/10	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <i>Runger</i>
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Estimated Production Per 24 Hours	Oil Bbls. 1.67	Gas Mcf 52	Water Bbls. 11.67	Gas-Oil Ratio 31138	Gravity 40
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	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 5506-5529'
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