

8/19/10

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: _____
 City: Oklahoma City State: OK Zip: 73112 + 1483
 Contact Person: Sheila Rogers
 Phone: (405) 246-3236
 CONTRACTOR: License # 34000
 Name: Kenai Mid-Continent, Inc.
 Wellsite Geologist: _____
 Purchaser: N/A

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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.)

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If Workover/Re-entry: Old Well Info as follows:
 Operator: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth: _____
 _____ 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.: _____
4/19/2010 4/26/2010 P&A 4/29/2010
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

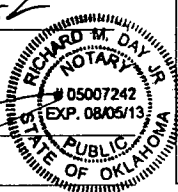
API No. 15 - 175-22180-00-00
 Spot Description: _____
NW SW SE NE Sec. 11 Twp. 31 S. R. 34 East West
2100' Feet from North / South Line of Section
1100' Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Seward
 Lease Name: Ives Well #: 11 #1
 Field Name: Wildcat
 Producing Formation: N/A
 Elevation: Ground: 2942' Kelly Bushing: 2954'
 Total Depth: 5900 Plug Back Total Depth: N/A
 Amount of Surface Pipe Set and Cemented at: 1702' 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: 4,000 ppm Fluid volume: 1,000 bbls
 Dewatering method used: Evaporation
 Location of fluid disposal if hauled offsite:
 Operator Name: Hayden Operating
 Lease Name: Liz Smith License No.: 33562
 Quarter _____ Sec. 26 Twp. 30 S. R. 34 East West
 County: Haskell Docket No.: D26802

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 of 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: Sheila Rogers
 Title: Sr. Drilling Tech. Date: 8/17/2010
 Subscribed and sworn to before me this 17th day of August
20 10
 Notary Public: _____
 Date Commission Expires: 8/5/13



KCC Office Use ONLY
 Letter of Confidentiality Received 8/17/10 - 8/17/12
 If Denied, Yes Date: _____
 Wireline Log Received
 _____ Geologist Report Received
 _____ UIC Distribution