

CONFIDENTIAL

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

NOV 15 2010
KCC WICHITA

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. **CONFIDENTIAL**

Wellsite Geologist: _____

Purchaser: N/A

Designate Type of Completion

- 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: _____

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. _____

<u>7/18/2010</u>	<u>7/29/2010</u>	<u>N/A</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API NO. 15- 175-22185-00-00

Spot Description: _____

N2 - SE - SE - NE Sec. 7 Twp. 32 S. R. 34 East West

2300 Feet from North / South Line of Section

330 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County SEWARD

Lease Name HL&C Well # 7 #1

Field Name _____

Producing Formation N/A

Elevation: Ground 2935' Kelley Bushing 2947'

Total Depth 6350' Plug Back Total Depth N/A

Amount of Surface Pipe Set and Cemented at 1717 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 HAYDEN, SHAWN OR BLANCHE dba HAYDEN OPERAT

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 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 11/11/2010

Subscribed and sworn to before me this 11th day of November

20 10 Notary Public Diana J Gleheart

Date Commission Expires 7/6/13

KCC Office Use ONLY

Letter of Confidentiality Attached 11/12/10
If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

