

CONFIDENTIAL

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

11/23/12

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 **KCC**

Phone (405) 246-3226 **NOV 23 2010**

CONTRACTOR: License # 34000 **CONFIDENTIAL**

Name: KENAI MID-CONTINENT, INC. **RECEIVED**

Wellsite Geologist: _____ **NOV 24 2010**

Purchaser: N/A

Designate Type of Completion **KCC WICHITA**

New Well _____ Re-Entry _____ Workover _____

_____ Oil _____ SWD _____ SIOW

_____ 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. _____

7/31/2010 8/10/2010 DRY - 9/15/10
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API NO. 15- 175-22184-00-00

Spot Description: _____

N2 - NE - SE - SE Sec. 35 Twp. 31 S. R. 34 East West

1090 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 CONOVER TRUST Well # 35 #2

Field Name _____

Producing Formation N/A

Elevation: Ground 2733 Kelley Bushing 2745

Total Depth 5700' 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 4154 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 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 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 11/23/2010

Subscribed and sworn to before me this 23th day of November

20 10. Diana Jgleheart Notary Public

Notary Public Diana Jgleheart Commission # 09005487 Expires 07/06/13

Date Commission Expires 7/6/13

KCC Office Use ONLY	
<input checked="" type="checkbox"/>	Letter of Confidentiality Attached <u>11/23/10 -</u>
<input checked="" type="checkbox"/>	If Denied, Yes <input type="checkbox"/> Date: <u>11/23/12</u>
<input checked="" type="checkbox"/>	Wireline Log Received
<input type="checkbox"/>	Geologist Report Received
<input type="checkbox"/>	UIC Distribution