

CONFIDENTIAL

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

ORIGINAL

12/28/10  
Form ACO-1  
September 1999  
Form must be Typed

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

REMOVED: Gas class &  
First Sales

Operator: License # 5278  
Name: EOG Resources, Inc.  
Address 3817 NW Expressway, Suite 500  
City/State/Zip Oklahoma City, OK 73112-1483  
Purchaser: DCP Midstream  
Operator Contact Person: Terry Foster  
Phone ( 405 ) 246-3152  
Contractor: Name: KENAI MID-CONTINENT, INC.  
License: 34000

API NO. 15- 189-22658-00-00  
County Stevens  
SW - NW - SE Sec. 32 Twp. 32 S. R. 37  E  W  
1650 Feet from S/N (circle one) Line of Section  
2310 Feet from E/W (circle one) Line of Section

Wellsite Geologist: RECEIVED  
KANSAS CORPORATION COMMISSION

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name NoIdc Well # 32 #1  
Field Name \_\_\_\_\_

Designate Type of Completion  
 New Well  Re-Entry  Workover  
\_\_\_\_\_ Oil \_\_\_\_\_ SWD \_\_\_\_\_ SLOW \_\_\_\_\_ Temp. Abd.  
 Gas \_\_\_\_\_ ENHR \_\_\_\_\_ SIGW  
\_\_\_\_\_ Dry \_\_\_\_\_ Other (Core, WSW, Expl., Cathodic, etc.)

Producing Formation Morrow  
Elevation: Ground 3159 Kelley Bushing 3171  
Total Depth 6500 Plug Back Total Depth est. 6452  
Amount of Surface Pipe Set and Cemented at 1602 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.

If Workover/Reentry: Old Well Info as follows:  
Operator: \_\_\_\_\_

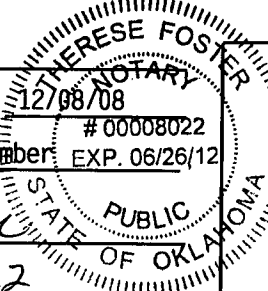
Well Name: \_\_\_\_\_  
Original Comp. Date \_\_\_\_\_ Original Total Depth \_\_\_\_\_  
\_\_\_\_\_ Deepening \_\_\_\_\_ Re-perf. \_\_\_\_\_ Conv. to Enhr./SWD  
\_\_\_\_\_ Plug Back \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
\_\_\_\_\_ Commingled \_\_\_\_\_ Docket No. \_\_\_\_\_  
\_\_\_\_\_ Dual Completion \_\_\_\_\_ Docket No. \_\_\_\_\_  
\_\_\_\_\_ Other (SWD or Enhr?) \_\_\_\_\_ Docket No. \_\_\_\_\_  
7/11/2008 7/17/2008 10/13/08  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

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 \_\_\_\_\_  
Lease Name \_\_\_\_\_ License No. \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S R. \_\_\_\_\_  E  W  
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 mairde brall  
Title Sr. Regulatory Assistant Date 12/28/08  
Subscribed and sworn to before me this 8th day of December  
20 08  
Notary Public Therese Foster  
Date Commission Expires 6-26-12 # 00008022



KCC Office Use ONLY  
Letter of Confidentiality Attached  
If Denied, Yes  Date: \_\_\_\_\_  
Wireline Log Received \_\_\_\_\_  
Geologist Report Received \_\_\_\_\_  
UIC Distribution \_\_\_\_\_

Operator Name EOG Resources, Inc.

Lease Name Nolde

Well # 32 #1

Sec. 32 Twp. 32 S.R. 37  East  West

County Stevens

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. 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.)  Yes  No

Samples Sent to Geological Survey  Yes  No

Cores Taken  Yes  No

Electric Log Run (Submit Copy.)  Yes  No

List All E.Logs Run: Submitted on 10/29/08  
Spectral Density Dual Spaced Neutron, Microlog.  
Sonic Array, Array Compensated Resistivity,  
Spectral Density Dual Spaced Neutron Microlog.

Log Formation (Top), Depth and Datums  Sample

Name Top Datum

See attached

CASING RECORD  New  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	1602	Midcon-2 PP	300	See attached
					Prem Plus	180	See attached
Production	7-7/8	4-1/2	10.5	6496	Poz PP	170	See attached

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

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	6206-6214', CIBP @ 6190'	500g 15% HCL, 2Mg gel pad, 2Mg SD,	6206-6214
		Frac w/39.5Mg CO2 foam, 21.5M# SD	
3	6022-6079'	2Mg 15% HCL, 40M# SD, 2Mg 4% H2O,	6022-6079
		69Mg 55% CO2 foam	

TUBING RECORD	Size 2-3/8	Set At 5960	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. 11/13/08	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours 11/10	Oil Bbls. 0	Gas Mcf 921	Water Bbls. 35	Gas-Oil Ratio -----	Gravity -----
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Disposition of Gas: METHOD OF COMPLETION Production Interval

Vented  Sold  Used on Lease  Open Hole  Perforation  Dually Comp.  Commingled

(If vented, submit ACO-18.)  Other (Specify) \_\_\_\_\_