

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

12/19/12

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 **DEC 19 2010**

CONTRACTOR: License # 34000 **CONFIDENTIAL**

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

Wellsite Geologist: _____ **DEC 23 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. _____

8/29/10 9/5/10 9/17/10

Spud Date or _____ Date Reached TD _____ Completion Date or _____
Recompletion Date _____ Recompletion Date _____

API NO. 15- 055-22080-00-00

Spot Description: _____

E2 - SW - SE - SW Sec. 4 Twp. 25 S. R. 32 East West

330 Feet from North / South Line of Section

1709 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County FINNEY

Lease Name BROOKOVER Well # 4 #1

Field Name _____

Producing Formation MISSISSIPPIAN

Elevation: Ground 2882' Kelley Bushing 2893'

Total Depth 5050' Plug Back Total Depth N/A

Amount of Surface Pipe Set and Cemented at 1731 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.

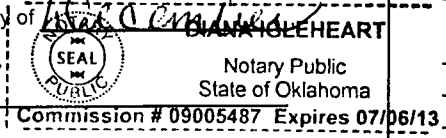
Signature Dawn Rockel

Title SR. OPERATIONS ASSISTANT Date 12/20/10

Subscribed and sworn to before me this 22nd day of December

Notary Public Deanna DeHeart

Date Commission Expires 7/16/13



KCC Office Use ONLY

Letter of Confidentiality Attached 12/19/10
 If Denied, Yes Date: 12/19/12
 Wireline Log Received
 Geologist Report Received
 UIC Distribution