

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
June 2009

- Form Must Be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

1/20/13

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 **KCC**
CONTRACTOR: License # 34000 **JAN 26 2011**
Name: KENAI MID-CONTINENT, INC. **CONFIDENTIAL**
Wellsite Geologist: _____
Purchaser: N/A

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., etc.): Dry/APC takeover wellbore.

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
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
10/7/2010	10/17/2010	

API No. 15 - 129-21925-00-00
Spot Description: _____
E2 SW SW NW Sec. 4 Twp. 35 S. R. 39 East West
2,310 Feet from North / South Line of Section
400 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: MORTON
Lease Name: DAISY Well #: 4 #1
Field Name: WILDCAT
Producing Formation: N/A
Elevation: Ground: 3313' Kelly Bushing: 3325
Total Depth: 7000 Plug Back Total Depth: N/A
Amount of Surface Pipe Set and Cemented at: 2033 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 Operating
Lease Name: LIZ SMITH License #: 33562
Quarter _____ Sec. 26 Twp. 30 S. R. 34 East West
County: HASKELL Permit #: 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.

AFFIDAVIT

I am the affiant and I hereby certify that 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: 1/31/2011

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: 1/20/11 - 1/20/13 **RECEIVED**
 Confidential Release Date: _____ **FEB 04 2011**
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
KCC WICHITA
ALT I II III Approved by: _____ Date: _____