

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form must be Typed

2/18/11

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5278

Name: EOG Resources, Inc.

Address 3817 NW Expressway, Suite 500

City/State/Zip Oklahoma City, OK 73112-1483

Purchaser: N/A

Operator Contact Person: Malinda Crall

Phone (405-) 246-3170

Contractor: Name: KENAI MID-CONTINENT, INC.

License: 34000

Wellsite Geologist: _____

Designate Type of Completion

New Well Re-Entry

Oil SWD SLOW Temp. Abdl.

Gas ENHR SIGW

Dry Other (Core, WSW, Expl., Cathodic, etc.)

If Workover/Reentry: Old Well Info as follows: **KCC**

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. _____

12-15-08 12-23-08 P&A 12-25-08

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

API NO. 15- 189-22671-00-00

County Stevens

E2 - NE - NW - SE Sec. 18 Twp. 35 S. R. 37 E W

2310 Feet from S/N (circle one) Line of Section

1400 Feet from E/W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name Maxine Well # 18 #1

Field Name _____

Producing Formation N/A

Elevation: Ground 3164 Kelley Bushing 3176

Total Depth 7000 Plug Back Total Depth N/A

Amount of Surface Pipe Set and Cemented at 1621.79 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 _____

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 Malinda Crall

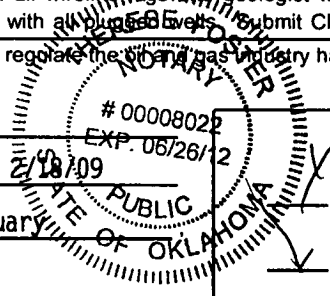
Title Sr. Operations Assistant Date 2/18/09

Subscribed and sworn to before me this 18th day of February

20 09

Notary Public Theresa Foster

Date Commission Expires 6/26/2012



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

Operator Name EOG Resources

Lease Name Maxine

Well # 18 #1

Sec. 18 Twp. 35 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, and 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:

Spectral Density Dual Spaced Neutron Log, Spectral Density Dual Spaced Neutron Microlog, Array Compensated Resistivity Log, Borehole Sonic Log, 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	1621.79	Midcon PP	300	See cmt tix
					Prem Plus	180	See cmt tix

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
Perforate				
Protect Casing				
Plug Back TD				
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
N/A	N/A	N/A	N/A

TUBING RECORD	Size N/A	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------	----------	--------	-----------	---

Date of First, Resumed Production, SWD or Enhr. Dry. P&A	12-25-08	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
--	----------	---

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
-----------------------------------	-----------	---------	-------------	---------------	---------

Disposition of Gas: Vented Sold Used on Lease Open Hole Perforation Dually Comp. Commingled Other (Specify) _____

METHOD OF COMPLETION _____

Production Interval _____

(If vented, submit ACO-18.)

ACO-1 Completion Report		
Well Name : MAXINE 18 #1		
FORMATION	TOP	DATUM
CHASE	2708	468
COUNCIL GROVE	3035	141
WABAUNSEE	3432	-256
BASE OF HEEBNER	4311	-1135
LANSING	4436	-1260
MARMATON	5185	-2009
ATOKA	5920	-2744
MORROW	6056	-2880
ST GENEVIEVE	6644	-3468

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 DEC 18 2009
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FEB 20 2009

CONSERVATION DIVISION
 WICHITA, KS



EOG Resources, Inc.
3817 NW Expressway
Suite 500
Oklahoma City, OK 73112-1483
(405) 246-3100

February 18, 2009

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KANSAS CORPORATION COMMISSION

FEB 20 2009

CONSERVATION DIVISION
WICHITA, KS

Kansas Corporation Commission
Conservation Division
Finney State Office Building
130 S. Market, Room 2078
Wichita, KS 67202-3802

KCC

DEC 18 2009

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Re: Electric Logs & All Applicable Information
MAXINE 18 #1
API No. 15-189-22671-00-00

Dear Sir or Madam:

EOG Resources, Inc. respectfully requests that all electric logs, test data, and applicable information pertaining to the above referenced well are held confidential for the 2-year maximum time period allowed by the Kansas Corporation Commission.

If additional information is required, please contact me directly at (405) 246-3170.

Sincerely,

A handwritten signature in cursive script that reads "Malinda Crall".

Malinda Crall
Regulatory Sr. Operations Assistant

Enclosures

HALLIBURTON

Cementing Job Summary

The Road to Excellence Starts with Safety

Sold To #: 348223	Ship To #: 2703068	Quote #:	Sales Order #: 6388622
Customer: EOG RESOURCES INC EBUSINESS		Customer Rep: Passig, Dale	
Well Name: Maxine	Well #: 18#1	API/UWI #:	
Field:	City (SAP): HUGOTON	County/Parish: Stevens	State: Kansas
Contractor: .KENAI	Rig/Platform Name/Num: 55 #580-461-0844		
Job Purpose: Cement Surface Casing			
Well Type: Development Well		Job Type: Cement Surface Casing	
Sales Person: BLAKEY, JOSEPH	Srvc Supervisor: LOPEZ, CARLOS	MBU ID Emp #: 321975	

Job Personnel

HES Emp Name	Exp Hrs	Emp #	HES Emp Name	Exp Hrs	Emp #	HES Emp Name	Exp Hrs	Emp #
EVANS, JOSHUA Allen	9	427571	LOPEZ, CARLOS	9	321975	RODRIGUEZ, EDGAR A	9	442125
TORRES, CLEMENTE	9	344233						

Equipment

HES Unit #	Distance-1 way	HES Unit #	Distance-1 way	HES Unit #	Distance-1 way	HES Unit #	Distance-1 way
10240245	35 mile	10243558	35 mile	10244148	35 mile	10251403C	35 mile
10704310	35 mile	6612	35 mile	D0315	35 mile		

Job Hours

Date	On Location Hours	Operating Hours	Date	On Location Hours	Operating Hours	Date	On Location Hours	Operating Hours
12-16-08	8.5	2	12-17-08	.5	.5			

TOTAL Total is the sum of each column separately

Job				Job Times			
Formation Name	Formation Depth (MD)	Top	Bottom	Called Out	Date	Time	Time Zone
				On Location	16 - Dec - 2008	11:00	CST
Form Type			BHST	On Location	16 - Dec - 2008	15:30	CST
Job depth MD	1700. ft		Job Depth TVD	1700. ft	Job Started	16 - Dec - 2008	20:00
Water Depth			Wk Ht Above Floor	5. ft	Job Completed	16 - Dec - 2008	21:27
Perforation Depth (MD)	From		To	Departed Loc	17 - Dec - 2008	00:30	CST

Well Data

Description	New / Used	Max pressure psig	Size in	ID in	Weight lbm/ft	Thread	Grade	Top MD ft	Bottom MD ft	Top TVD ft	Bottom TVD ft
Surface Hole				12.25					1700.		
Surface Casing	Unknown		8.625	8.097	24.				1624.7		

Sales/Rental/3rd Party (HES)

Description	Qty	Qty uom	Depth	Supplier
SHOE,CSG,TIGER TOOTH,8 5/8 IN 8RD	1	EA		
VLVASSY,INSR FLOAT,8-5/8 8RD, 24 lbs/ft	1	EA		
FILLUP ASSY - 1.500 ID - 7 IN. - 8-5/8	1	EA		
CENTRALIZER ASSY - API - 8-5/8 CSG X	9	EA		
CLP,LIM,8 5/8,FRICT,WTH DOGS	1	EA		
BASKET - CEMENT - 8 5/8 CSG X 12 1/4	1	EA		
PLUG,CMTG,TOP,8 5/8,HWE,7.20 MIN/8.09 MA	1	EA		
KIT,HALL WELD-A	1	EA		

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CONSERVATION DIVISION
WICHITA, KS

HALLIBURTON

Cementing Job Summary

Tools and Accessories													
Type	Size	Qty	Make	Depth	Type	Size	Qty	Make	Depth	Type	Size	Qty	Make
Guide Shoe	85/8	1	H	1625.39	Packer					Top Plug	8 5/8	1	H
Float Shoe					Bridge Plug					Bottom Plug			
Float Collar					Retainer					SSR plug set			
Insert Float	8 5/8	1	H	1581.8						Plug Container	8 5/8	1	H
Stage Tool										Centralizers	8 5/8	9	H

Miscellaneous Materials													
Gelling Agt	Conc	Surfactant	Conc	Acid Type	Qty	Conc	%						
Treatment Fld	Conc	Inhibitor	Conc	Sand Type	Size	Qty							

Fluid Data

Stage/Plug # 1										
Fluid #	Stage Type	Fluid Name	Qty	Qty uom	Mixing Density lbm/gal	Yield ft ³ /sk	Mix Fluid Gal/sk	Rate bbl/min	Total Mix Fluid Gal/sk	
1	Lead Cement	MIDCON-2 CEMENT PREMIUM PLUS - SBM (15079)	300.0	sacks	11.4	2.96	18.14		18.14	
	3 %	CALCIUM CHLORIDE - HI TEST PELLET (100005053)								
	0.25 lbm	POLY-E-FLAKE (101216940)								
	0.1 %	WG-17, 50 LB SK (100003623)								
	18.138 Gal	FRESH WATER								
2	Tail Cement	CMT - PREMIUM PLUS CEMENT (100012205)	180.0	sacks	14.8	1.34	6.32		6.32	
	94 lbm	CMT - PREMIUM PLUS - CLASS C REG OR TYPE III, BULK (100012205)								
	6.324 Gal	FRESH WATER								
	2 %	CALCIUM CHLORIDE - HI TEST PELLET (100005053)								
	0.25 lbm	POLY-E-FLAKE (101216940)								
3	Displacement		106.00	bbl	8.33	.0	.0	.0		

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Calculated Values			Pressures			Volumes		
Displacement	100.6	Shut In: Instant		Lost Returns		Cement Slurry		Pad
Top Of Cement	SURFACE	5 Min		Cement Returns	45	Actual Displacement	100	Treatment
Frac Gradient		15 Min		Spacers		Load and Breakdown		Total Job
								301

Rates										
Circulating	6	Mixing	5	Displacement	5.5	Avg. Job	5			
Cement Left In Pipe	Amount	41.12 ft	Reason	Shoe Joint						
Frac Ring # 1 @	ID	Frac ring # 2 @	ID	Frac Ring # 3 @	ID	Frac Ring # 4 @	ID			

The Information Stated Herein Is Correct

Customer Representative Signature
Dele Passij

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CONSERVATION DIVISION
 WICHITA, KS

HALLIBURTON

Cementing Job Log

The Road to Excellence Starts with Safety

Sold To #: 348223	Ship To #: 2703068	Quote #:	Sales Order #: 6388622
Customer: EOG RESOURCES INC EBUSINESS		Customer Rep: Passig, Dale	
Well Name: Maxine	Well #: 18#1	API/UWI #:	
Field:	City (SAP): HUGOTON	County/Parish: Stevens	State: Kansas
Legal Description:			
Lat:		Long:	
Contractor: .KENAI		Rig/Platform Name/Num: 55 #580-461-0844	
Job Purpose: Cement Surface Casing			Ticket Amount:
Well Type: Development Well		Job Type: Cement Surface Casing	
Sales Person: BLAKEY, JOSEPH		Srvc Supervisor: LOPEZ, CARLOS	MBU ID Emp #: 321975

Activity Description	Date/Time	Cht #	Rate bbl/min	Volume bbl		Pressure psig		Comments
				Stage	Total	Tubing	Casing	
Call Out	12/16/2008 12:00							Called ou at noon by helen
Pump Displacement	12/16/2008 12:57		6	100.6			300.0	FRESH WATER
Safety Huddle	12/16/2008 13:30							PRE TRIP JOURNEY MANAGEMENT
Arrive at Location from Service Center	12/16/2008 15:30							ARRIVED AT LOC. AT 03:30
Assessment Of Location Safety Meeting	12/16/2008 15:45							GOT W/ CO .MAN ABOUT NUMBERS AND GETTING A CAT THEY WERE PULLING PIPE UPON ARRIVAL
Wait on Customer or Customer Sub-Contractor Equip	12/16/2008 16:00							
Start Job	12/16/2008 20:00							STABBED CEMENT HEAD AND CIRCULATED WHILE WE HAD A SAFETY MEETING W/ CO. MAN AND RIG CREW
Test Lines	12/16/2008 20:07						2000.0	CHECKING LINES AND TRUCK FOR LEAKS
Pump Lead Cement	12/16/2008 20:13		5	158			100.0	300 SKS OF MIDCON-2 PREMIUM PLUS AT 11.4#
Pump Tail Cement	12/16/2008 20:44		5	42.9	200.9		150.0	180 SKS OF PREMIUM PLUS @14.8
Drop Top Plug	12/16/2008 20:54							DROPPED PLUG WHILE JOSH WASHED UP ONTOP OF PLUG W/ FIRST 10 BBL OF DISPLACEMENT
Other	12/16/2008 21:15							SLOWED RATE BEFORE BUMPING THE PLUG

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 CONSERVATION DIVISION
 WICHITA, KS

HALLIBURTON

Cementing Job Log

Activity Description	Date/Time	Cht #	Rate bbl/min	Volume bbl		Pressure psig		Comments
				Stage	Total	Tubing	Casing	
Bump Plug	12/16/2008 21:20		2				450.0	TOOK PRESSURE 500 PSI OVER TO LAND PLUG UP TO 1000 PSI
Release Casing Pressure	12/16/2008 21:21							FLOAT HELD. GOT 1/2 BBL OF WATER BACK TO TANK
End Job	12/16/2008 21:27				311.5			EXECUTED JOB AS PLANNED W/ OUT COMPLICATIONS
Depart Location for Service Center or Other Site	12/17/2008 00:30							THANK YOU FOR CALLING HALLIBURTON CARLOS AND CREW

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FEB 20 2009

CONSERVATION DIVISION
WICHITA, KS

Sold To # : 348223

Ship To # : 2703068

Quote # :

Sales Order # :

6388622

SUMMIT Version: 7.20.130

Tuesday, December 16, 2008 10:37:00

AMENDED - See Back Side

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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Form ACO-1
October 2008

Form must be Typed

WELL COMPLETION FORM

NOV 30 2010

WELL HISTORY - DESCRIPTION OF WELL & LEASE

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 Rocel

Phone (405-) 246-3226

CONTRACTOR: License # 34000

Name: KENAI MID-CONTINENT, INC.

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. _____

12-15-08 12-23-08 P&A 12-25-08

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

API NO. 15- 189-22671-00-00

Spot Description: _____

E2 - NE - NW - SE Sec. 18 Twp. 35 S. R. 37 East West

2310 Feet from North / South Line of Section

1400 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County Stevens

Lease Name Maxine Well # 18 #1

Field Name _____

Producing Formation N/A

Elevation: Ground 3164 Kelley Bushing 3176

Total Depth 7000 Plug Back Total Depth N/A

Amount of Surface Pipe Set and Cemented at 1621.79 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 _____

Lease Name _____ License No. _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County _____ Docket No. _____

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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.

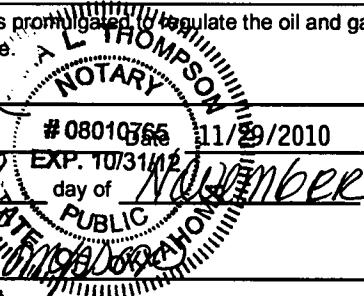
Signature Dawn Rocel

Title Sr. Operations Assistant

Subscribed and sworn to before me this 29 day of November

Notary Public Miana L. Thompson

Date Commission Expires 10-31-2012



KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

Operator Name EOG Resources

Lease Name Maxine

Well #. 18 #1

Sec. 18 Twp. 35 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, along with final chart(s). 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) <input type="checkbox"/> Yes * <input checked="" type="checkbox"/> No Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run (Submit Copy) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No List All E.Logs Run: Spectral Density Dual Spaced Neutron Log, Spectral Density Dual Spaced Neutron Microlog, Array Compensated Resistivity Log, Borehole Sonic Log, Microlog	<input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample Formation (Top), Depth and Datums <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> </table> See Attached	Name	Top	Datum
Name	Top	Datum		

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> 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	1621.79	Midcon PP	300	See cmt tix
					Prem Plus	180	See cmt tix

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
N/A	N/A	N/A	N/A

TUBING RECORD	Size N/A	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.		Producing Method		
Dry, P&A		12-25-08		
		<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio
				Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval _____ _____
--	---	---------------------------------------

ACO-1 Completion Report		
Well Name : MAXINE 18 #1		
FORMATION	TOP	DATUM
CHASE	2708	468
COUNCIL GROVE	3035	141
WABAUNSEE	3432	-256
BASE OF HEEBNER	4311	-1135
LANSING	4436	-1260
MARMATON	5185	-2009
ATOKA	5920	-2744
MORROW	6056	-2880
ST GENEVIEVE	6644	-3468

RECEIVED
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