



KANSAS CORPORATION COMMISSION 1052163
OIL & GAS CONSERVATION DIVISION

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

OPERATOR: License # 5278
Name: EOG Resources, Inc.
Address 1: 3817 NW EXPRESSWAY STE 500
Address 2: _____
City: OKLAHOMA CITY State: OK Zip: 73112 + 1483
Contact Person: DAWN ROCKEL
Phone: (405) 246-3226
CONTRACTOR: License # 34000
Name: Kenai Mid-Continent, Inc.
Wellsite Geologist: SCOTT MUELLER
Purchaser: N/A

Designate Type of Completion:

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

If Workover/Re-entry: Old Well Info as follows:

Operator: SAME
Well Name: SAME
Original Comp. Date: 11/26/2007 Original Total Depth: 6180

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 #: D-30, 789

ENHR Permit #: _____

GSW Permit #: _____

<u>02/18/2011</u>	<u>03/10/2011</u>
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-189-22623-00-01

Spot Description: _____

E2 NE NE Sec. 35 Twp. 31 S. R. 39 East West

660 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: Stevens

Lease Name: Cynthia Well #: 35 #1

Field Name: _____

Producing Formation: N/A

Elevation: Ground: 3183 Kelly Bushing: 3195

Total Depth: 6180 Plug Back Total Depth: 3981

Amount of Surface Pipe Set and Cemented at: 1673 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 crmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 4000 ppm Fluid volume: 1000 bbls

Dewatering method used: Evaporated

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

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

County: _____ Permit #: _____

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.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Recelved
Date: 03/15/2011
- Confidential Release Date: _____
- Wireline Log Recelved
- Geologist Report Recelved
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 03/15/2011