



KANSAS CORPORATION COMMISSION 1063307

Form ACO-1
June 2009

CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

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

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: TOM HEFLIN

Purchaser: ANADARKO ENERGY SERVICES COMPANY

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 AS ABOVE

Well Name: SAME AS ABOVE

Original Comp. Date: 07/14/2006 Original Total Depth: 6690

- 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 #: _____

05/18/2011 05/24/2011

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

API No. 15 - 15-189-22533-00-01

Spot Description: _____

NE SW SE SW Sec. 11 Twp. 34 S. R. 38 East West

590 Feet from North / South Line of Section

1900 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE
- NW
- SE
- SW

County: Stevens

Lease Name: VERNA Well #: 11 1

Field Name: _____

Producing Formation: ST. LOUIS

Elevation: Ground: 3195 Kelly Bushing: 3207

Total Depth: 6690 Plug Back Total Depth: 6620

Amount of Surface Pipe Set and Cemented at: 1694 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: 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 Received
Date: 09/14/2011

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 09/14/2011