

\*AMENDMENT 2

**CONFIDENTIAL WELL COMPLETION FORM**  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

11/09/11

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

CONTRACTOR: License # 34000

Name: KENAI MID-CONTINENT, INC.

Wellsite Geologist: JAN 08 2010

Purchaser: KCC WICHITA

Designate Type of Completion

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. \_\_\_\_\_

7/15/09 7/20/09 10/16/09

Spud Date or \_\_\_\_\_ Date Reached TD \_\_\_\_\_ Completion Date or \_\_\_\_\_  
Recompletion Date \_\_\_\_\_ Recompletion Date \_\_\_\_\_

API NO. 15- 129-21878-0000

Spot Description: \_\_\_\_\_

E2 - E2 - SW - SW Sec. 16 Twp. 33 S. R. 39  East  West

660 Feet from  North /  South Line of Section

1250 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE  NW  SE  SW

County MORTON

Lease Name CHARLENE Well # 16 #1

Field Name \_\_\_\_\_

Producing Formation MORROW

Elevation: Ground 3235' Kelley Bushing 3246'

Total Depth 6550' Plug Back Total Depth EST. 6492'

Amount of Surface Pipe Set and Cemented at 1618 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 1-12-10  
(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 WEST SUNSET DISPOSAL, LLC

Lease Name CHARLENE 16 #1 License No. 32462

Quarter SW Sec. 16 Twp. 33 S. R. 39  East  West

County MORTON Docket No. D27649

**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

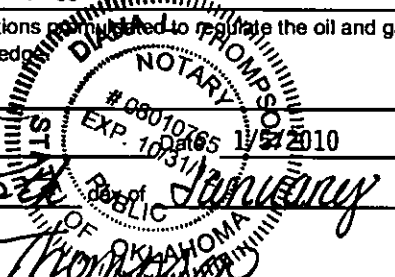
Title SR. OPERATIONS ASSISTANT

Subscribed and sworn to before me this \_\_\_\_\_

20 10 \_\_\_\_\_

Notary Public Diana L. Thompson

Date Commission Expires 10-31-2012



**KCC Office Use ONLY**

Y Letter of Confidentiality Attached  
If Denied, Yes  Date: \_\_\_\_\_

\_\_\_\_\_ Wireline Log Received  
\_\_\_\_\_ Geologist Report Received  
\_\_\_\_\_ UIC Distribution

Operator Name EOG RESOURCES, INC.

Lease Name CHARLENE Well # 16 #1

Sec. 16 Twp. 33 S.R. 39  East  West

County MORTON

**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  Yes  No  
(Attach Additional Sheets)

Samples Sent to Geological Survey  Yes  No

Cores Taken  Yes  No

Electric Log Run  Yes  No  
(Submit Copy)

List All E.Logs Run:

RESISTIVITY, SONIC ARRAY, S/D Dual Spaced Neutron Micro, S/D Dual Spaced Neutron, Micro & CBL.

Log Formation (Top), Depth and Datums  Sample

Name Top Datum

SEE ATTACHED SHEET

**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#	1618'	MIDCON2 PP	490	SEE ATTACHED
					PREM PLUS	180	
PRODUCTION	7 7/8	4 1/2	10.5#	6534'	50/50POZ PP	200	SEE ATTACHED

**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
3	5979' -6073'	FRAC W/28,000 GAL SLICK H2O & 15,000# PROPPANT	5979-6073

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

Date of First, Resumed Production, SWD or Enhr.	Producing Method
Resumed Prod 12/9/09 *	<input checked="" 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
1/4/10*	---	65	103	----	----

DISPOSITION OF GAS:	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)	5979-6073

ACO-1 Completion Report		
Well Name : CHARLENE 16 #1		
FORMATION	TOP	DATUM
CHASE	2479	767
COUNCIL GROVE	2775	471
NEVA	3021	225
BASE OF HEEBNER	4013	-767
LANSING	4100	-854
MARMATON	4922	-1676
ATOKA	5418	-2172
MORROW	5645	-2399
ST LOUIS	6365	-3119

CONFIDENTIAL

RECEIVED  
 JAN 06 2010  
 KCC WICHITA