

12/08/11

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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 # 30684

Name: ABERCROMBIE RTD, INC.

Wellsite Geologist: _____

Purchaser: ANADARKO ENERGY COMPANY

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: SAME AS ABOVE

Well Name: _____

Original Comp. Date 6/13/07 Original Total Depth 6250

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. _____

8/19/09 8/25/09

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

API NO. 15- 129-21796-0000

Spot Description: _____

NW - SW - NE - NE Sec. 20 Twp. 33 S. R. 39 East West

720 Feet from North / South Line of Section

1120 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County MORTON

Lease Name LINK Well # 20 #1

Field Name _____

Producing Formation N/A

Elevation: Ground 3243 Kelley Bushing 3255

Total Depth 6250 Plug Back Total Depth 6150

Amount of Surface Pipe Set and Cemented at 1679 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 3256 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) WD 12/15/09

Chloride content 4000 ppm Fluid volume 1000 bbls

Dewatering method used EVAPORATION

Location of fluid disposal if hauled offsite: _____

Operator Name EOG RESOURCES, INC.

Lease Name LINK 20 #1 License No. 5278

Quarter NE Sec. 20 Twp. 33 S. R. 39 East West

County MORTON 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.

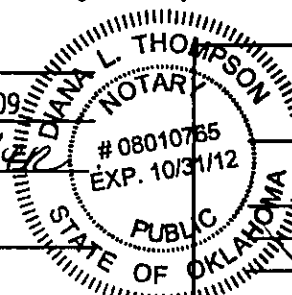
Signature Dawn Rockel

Title SR OPERATIONS ASSISTANT

Subscribed and sworn to before me this 8th day of December

Notary Public Diana 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 OK 12/09

Operator Name EOG RESOURCES, INC.

Lease Name LINK

Well # 20 #1

Sec. 20 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 <i>(Attach Additional Sheets)</i> <input checked="" type="checkbox"/> Yes <input 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 <i>(Submit Copy)</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No List All E.Logs Run: MICRO, MUD, SPECTRAL DENSITY NEUTRON, WAVE SONIC MONITOR, HIGH RESOLUTION INDUCTION	<input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample Formation (Top), Depth and Datums Name Top Datum SEE ATTACHED
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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	1679	MIDCON2& PP	480	SEE CMT TIX
PRODUCTION	7 7/8	4 1/2	10.5	6241	POZ	335	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 <i>(Amount and Kind of Material Used)</i>	Depth
2	6103'-6104'; 6117'-6118'		
4	6044'-6078': CIBP 6090'	1000G 15% HCL. 60.020# 20/40 SD.	6044-6078
	CIBP 5990' (NEW)	55604G 70% CO2 GELLED H2O	
4	5655'-5657'; 5663-5666' (NEW)	ACIDIZE W/1000 GAL 15% HCL.	5655-5666

TUBING RECORD	Size 2-3/8	Set At 5627'	Packer At 5438' (NEW)	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. 8/25/09 SI PENDING EVALUATION	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, submit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval _____ _____
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ACO-1		
Well Name : Link 20 #1		
FORMATION	TOP	DATUM
base of heebner	4011	-756
lansing	4107	-852
marmaton	4730	-1475
atoka	5491	-2236
morrow	5602	-2347

2009
 DEC 08 2009 *llc*
 2009

RECEIVED
 KANSAS CORPORATION COMMISSION
 DEC 08 2009
 CONSERVATION DIVISION
 WICHITA, KS