

CONFIDENTIAL

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

AMENDED
12/01/11

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 # 30684

Name: ABERCROMBIE RTD, INC.

Wellsite Geologist: _____

Purchaser: ANADARKO PETROLEUM COMPANY

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: EOG RESOURCES, INC.

Well Name: VERNA 11 #4

Original Comp. Date 7/16/07 Original Total Depth 6750

Deepening Re-perf. Conv.to Enhr Conv.to SWD

Plug Back Plug Back Total Depth

Commingled Docket No. C0070902

Dual Completion Docket No. _____

Other (SWD or Enhr?) Docket No. _____

8/12/09 8/14/09

Spud Date or Date Reached TD Completion Date or Recompletion Date

API NO. 15- 189-22592-0000

Spot Description: _____

NW - SW - SW - Sec. 11 Twp. 34 S. R. 38 East West

1270 Feet from North / South Line of Section

590 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 #4

Field Name _____

Producing Formation MORROW & ST. LOUIS

Elevation: Ground 3211 Kelley Bushing 3223

Total Depth 6750 Plug Back Total Depth 6704

Amount of Surface Pipe Set and Cemented at 1696 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 3531 Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cm.

Drilling Fluid Management Plan 4-20-10 AMINS
(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. _____

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 Date 2/17/10

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

20 10

Notary Public Diana Igleheart

Date Commission Expires 7/6/13

DIANA IGLEHEART
Notary Public
State of Oklahoma
Commission # 0005487 Expires 07/06/13

KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

Operator Name EOG RESOURCES, INC. Lease Name VERNA Well # 11 #4

Sec. 11 Twp. 34 S.R. 38 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) Yes No
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run (Submit Copy) Yes No

Log Formation (Top), Depth and Datums Sample
 Name Top Datum
 SEE ATTACHED

List All E.Logs Run:
 ARRAY RESISTIVITY, MICROLOG, MUDLOG, SPECTRAL DENSITY DUAL SPACED NEUTRON & SONIC ARRAY

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	12.25	8 5/8	24#	1696	MIDCON2. PP	480	SEE CMT TIX
PRODUCTION	7.875	4 1/2	10.5#	6750	POZ PP	430	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
4	6608-6613, 6597-6600, 6583-6594	1500G 15% HCL, 26 BBL 2% KCL WATER	6583-6600
2	6268-6288: 6604 CIBP		
	6550' DRILLOUT CIBP	ACIDIZE W/1500 gals 28% HCL &	6268-6613
		FLUSH W/25 BBLS 2% KCL.	

TUBING RECORD	Size <u>2 3/8</u>	Set At <u>6233</u>	Packer At <u>N/A</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. RECOMPLETION 1ST SALES - 8/14/09 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours <u>8/18/09</u>	Oil <u>60</u>	Bbls.	Gas <u>---</u>	Mcf	Water <u>77</u>	Bbls.	Gas-Oil Ratio <u>----</u>	Gravity <u>43.4</u>
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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 checked="" type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval <u>6268-6613</u>
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