1088493

KANSAS CORPORATION COMMISSION
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: TOM HEFLIN
Purchaser: N/A

Designate Type of Completion:

☐ New Well ☐ Re-Entry ☑ Workover

☐ Oil ☑ WSW ☐ SWD ☐ SIOW
☐ 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: 08/21/2010 Original Total Depth: 5075

☐ 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 #:

03/27/2012		04/04/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-055-22079-00-01
Spot Description:
NE SW NW NE Sec. 8 Twp. 25 S. R. 32 ☐ East ☑ West
737 Feet from ☑ North / ☐ South Line of Section
2204 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☑ NE ☐ NW ☐ SE ☐ SW
County: Finney
Lease Name: Brookover Well #: 8 #3
Field Name:
Producing Formation: SHAWNEE LIME
Elevation: Ground: 2904 Kelly Bushing: 2916
Total Depth: 5075 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 1727 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: _____ ppm Fluid volume: _____ bbls
Dewatering method used:
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: 07/24/2012
☐ Confidential Release Date:
☐ Wireline Log Received
☐ Geologist Report Received
☐ UIC Distribution
ALT ☑ I ☐ II ☐ III Approved by: NAOMI JAMES Date: 07/24/2012