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Form ACO-1
October 2008

Form must be Typed

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

KCC WICHITA

8/5/12

* AMENDED - Previously
a Monitor Well

CONFIDENTIAL

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 **KCC**
 Phone (405) 246-3226 **AUG 05 2010**
 CONTRACTOR: License # 34000 **CONFIDENTIAL**
 Name: KENAI MID-CONTINENT, INC.
 Wellsite Geologist: _____
 Purchaser: DCP Midstream, LP
 Designate Type of Completion **RECOMPLETION**
 ___ New Well ___ Re-Entry X Workover
 ___ Oil ___ SWD ___ SIOW
X Gas ___ ENHR ___ SIGW
 ___ CM (Coal Bed Methane) ___ Temp. Abd.
 ___ Dry ___ Other
 (Core, WSW, Expl., Cathodic, etc.)

API NO. 15- 189-22640-0000
 Spot Description: _____
SE - NW - SE - NE Sec. 27 Twp. 32 S. R. 36 East West
 _____ 1775 Feet from North / South Line of Section
 _____ 842 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County Stevens
 Lease Name S&S Well # 27 #2
 Field Name 1
 Producing Formation Toronto *
 Elevation: Ground 3059' Kelley Bushing 3070'
 Total Depth 6556' Plug Back Total Depth 6509' Est.
 Amount of Surface Pipe Set and Cemented at 1664' 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.

If Workover/Reentry: Old Well Info as follows:
 Operator: EOG Resources
 Well Name: S&S 27#2
 Original Comp. Date 3-4-08 Original Total Depth 6556'
 ___ 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. _____
 * 4/19/10 4/26/10
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

Drilling Fluid Management Plan
 (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 Nichols Fluid Service
 Lease Name Johnson #3 License No. 31983
 Quarter _____ Sec. 16 Twp. 34 S. R. 32 East West
 County Seward Docket No. D27805

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 8/5/10
 Subscribed and sworn to before me this 11th day of August
 20 10
 Notary Public Diana Igleheart
 Date Commission Expires 7/6/13

KCC Office Use ONLY
 Letter of Confidentiality Attached 8/5/10
 If Denied, Yes Date: _____
 Wireline Log Received _____
 Geologist Report Received _____
 UIC Distribution AT-1-WO-Dlg - 8/19/10

Notary Public
 State of Oklahoma
 Commission # 09005487 Expires 07/06/13

Side Two

Operator Name EOG Resources, Inc.

Lease Name S&S Well # 27 #2

Sec. 27 Twp. 32 S.R. 36 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 Yes No
(Attach Additional Sheets)

Log Formation (Top), Depth and Datums Sample

Samples Sent to Geological Survey Yes No

Name Top Datum

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy)

See attached sheet

List All E.Logs Run:

Resistivity, Density Neutron with Micro,
Micro & Density Neutron.

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#	1664'	Midcon-2 PP	300	See cmt tix
					Prem Plus	180	See cmt tix
Production	7 7/8"	5 1/2"	15.5#	6556'	50/50 POZ	330	See cmt tix

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
2	4190' -4200'; CIBP 4182' *	Acidize w/1000 gal HCL.	4190-4200
2	4153' -4163' *	Acidize w/1000 gal HCL.	4153-4163

TUBING RECORD	Size 2 3/8	Set At 4138'	Packer At N/A	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. 6/22/10 *	Producing Method <input checked="" 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 6/29/10	Oil Bbls. -0-	Gas Mcf 795	Water Bbls. 13	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	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 4153-4163'
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