

**CONFIDENTIAL**

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE** **KCC WICHITA** 11/30/12

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 **KCC**

CONTRACTOR: License # 34000 **NOV 30 2010**

Name: KENAI MID-CONTINENT, INC. **CONFIDENTIAL**

Wellsite Geologist: \_\_\_\_\_

Purchaser: DCP MIDSTREAM, LP

Designate Type of Completion

New Well  Re-Entry  Workover *\* Recompletion*

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: ENRON OIL & GAS COMPANY

Well Name: THEIS 7 RE-ENTRY #1

Original Comp. Date 11/30/98 Original Total Depth 6300'

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. \_\_\_\_\_

8/8/2010

8/17/2010

Spud Date or  
Recompletion Date

Date Reached TD

Completion Date or  
Recompletion Date

API NO. 15- 025-20362-0003

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

- E2 - SW - NW Sec. 7 Twp. 35 S. R. 25  East  West

1980 Feet from  North /  South Line of Section

990 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE  NW  SE  SW

County CLARK

Lease Name THEIS 7 RE-ENTRY Well # 1

Field Name MCKINNEY

Producing Formation MISSISSIPPIAN

Elevation: Ground 2171' Kelley Bushing \_\_\_\_\_

Total Depth 6300' Plug Back Total Depth 6253'

Amount of Surface Pipe Set and Cemented at \_\_\_\_\_ 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 RENO 12-270  
(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 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 Roc

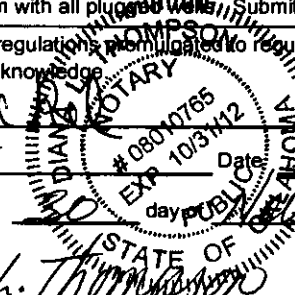
Title SR. OPERATIONS ASSISTANT Date 11/30/2010

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

20 10

Notary Public Diana L. Thompson

Date Commission Expires 10-31-2012



**KCC Office Use ONLY**

Letter of Confidentiality Attached 11/30/10-11/30/12

If Denied, Yes  Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

Operator Name EDG RESOURCES, INC. Lease Name THEIS 7 RE-ENTRY Well # 1

Sec. 7 Twp. 35 S.R. 25  East  West County CLARK

**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)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PREVIOUSLY SUBMITTED.		
Electric Log Run (Submit Copy)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SEE ATTACHED ACO-1.		
List All E.Logs Run:	NO SAMPLES RECOVERED ON WASHDOWN. NO E-LOGS RUN.			

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> 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
PRODUCTION	7 7/8"	4 1/2"	10.5#	6300'	PREM PLUS	465	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	5814-5818'; 5788-5796'; CIBP @ 5970'	ACIDIZE w/2000 gal HCL.	5762-5818
		FRAC w/75M# PROPPANT.	5762-5818
	6014'-6022'; DO CIBP @ 5970'*		

TUBING RECORD	Size <u>2 3/8</u>	Set At <u>6010'</u> *	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------	-------------------	-----------------------	-----------	---

Date of First, Resumed Production, SWD or Enhr.	Producing Method
* RECOMPLETION 1ST SALES - 8/17/2010	<input type="checkbox"/> Flowing <input checked="" 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
* 11/23	- - -	45	- - -	- - -	

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) _____	<u>6014' - 6022'</u>