

CONFIDENTIAL WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

KCC WICHITA

ORIGINAL

1/20/13

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 # 34000

Name: KENAI MID-CONTINENT, INC.

Wellsite Geologist: _____

Purchaser: N/A

Designate Type of Completion *RECOMPLETION

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: _____

Well Name: _____

Original Comp. Date _____ Original Total Depth _____

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. _____

9/23/10

9/27/10

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API NO. 15- 055-21934-0001

Spot Description: _____

N/2 - NE - NE Sec. 31 Twp. 25 S. R. 34 East West

560 Feet from North / South Line of Section

660 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County FINNEY

Lease Name GREATHOUSE Well # 31 #1

Field Name UNASSIGNED

Producing Formation N/A

Elevation: Ground 2996' Kelley Bushing 3008'

Total Depth 5264' Plug Back Total Depth 5180' EST.

Amount of Surface Pipe Set and Cemented at 1678' 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) PANJ 1-25-11

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.

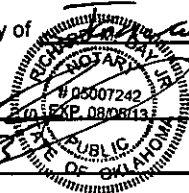
Signature Dawn Rockel

Title SR. OPERATIONS ASSISTANT Date 1/20/2011

Subscribed and sworn to before me this 20th day of January

20 Notary Public _____

Date Commission Expires 8/15/13



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 GREATHOUSE

Well # 31 #1

Sec. 31 Twp. 25 S.R. 34 East West

County FINNEY

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)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy)

Log Formation (Top), Depth and Datums Sample

Name Top Datum

SEE ATTACHED SHEET

RECEIVED
 JAN 21 2011
 KCC WICHITA

List All E.Logs Run:
 INDUCTION, MICRO, MUDLOG, DENSITY NEUTRON,
 DENSITY NEUTRON W/MICRO, SONIC & ANNULAR HOLE
 PLOT.

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# | 1678' | MIDCON PP | 300 | SEE QMT TIX |
| | | | | | PREM PLUS | 180 | |
| PRODUCTION | 7 7/8 | 4 1/2 | 10.5# | 5254' | 50/50 POZ | 205 | SEE QMT 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 | 5022'-5040' | 1000 G. 15% HCL. 31560# 20/40 SD | 5022-5040 |
| | | 28880 G. 70% CO2 25# GELLED H2O. | |
| 4 | 4534'-4539'; CIBP 5000' * | ACIDIZE W/1000 GAL HCL. | 4534-4539 |

| | | | | |
|---------------|--------------|--------------|-----------|---|
| TUBING RECORD | Size 2 3/8 * | Set At 4502' | Packer At | Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---------------|--------------|--------------|-----------|---|

| | |
|---|---|
| Date of First, Resumed Production, SWD or Enhr. | Producing Method <input type="checkbox"/> Flowing <input 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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|

| | | |
|--|---|---------------------------------------|
| 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 type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____ | Production Interval _____ _____ |
|--|---|---------------------------------------|