

CONFIDENTIAL WELL HISTORY - DESCRIPTION OF WELL & LEASE

1/10/13

OPERATOR: License # 5278

Name: EOG Resources, Inc. **KCC**

Address 1: 3817 NW Expressway, Suite 500 **JAN 10 2011**

Address 2: Suite 500 **CONFIDENTIAL**

City Oklahoma City State OK Zip: 73112 +

Contact Person: DAWN ROCKEL

Phone (405) 246-3226

CONTRACTOR: License # 30684

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

Wellsite Geologist: _____ **JAN 12 2011**

Purchaser: N/A **KCC WICHITA**

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: _____

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. _____

<u>9/14/10</u>	<u>9/20/10*</u>
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

API NO. 15- 189-22618-000601

Spot Description: _____

E2 - SW - NW - SW Sec. 23 Twp. 32 S. R. 37 East West

1620 Feet from North / South Line of Section

500 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County STEVENS

Lease Name UPC Well # 23 #2

Field Name _____

Producing Formation N/A

Elevation: Ground 3112' Kelley Bushing 3123'

Total Depth 6500' Plug Back Total Depth 6500'

Amount of Surface Pipe Set and Cemented at 1568 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 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 1/10/2011

Subscribed and sworn to before me this 11th day of January

20 11 Notary Public Diana Gleheart

Notary Public Diana Gleheart Commission # 09005487 Expires 07/06/13

Date Commission Expires 7/6/13

KCC Office Use ONLY

Letter of Confidentiality Attached 1/10/11

If Denied, Yes Date: _____

Wireline Log Received _____

Geologist Report Received _____

UIC Distribution _____

AT - WO - Dlg - (1/24/11)

Operator Name EOG RESOURCES, INC.

Lease Name UPC

Well # 23 #2

Sec. 23 Twp. 32 S.R. 37 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)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy)

List All E.Logs Run:

RESISTIVITY, ANNULAR HOLE VOL, MICRO, DUAL SPACED NEUTRON MICRO, DUAL SPACED NEUTRON, ARRAY SONIC

Log Formation (Top), Depth and Datums Sample

Name Top Datum

SEE ATTACHED

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#	1568	MIDCON2 PP	300	SEE CMT TIX
					PREM PLUS	180	
PRODUCTION	7 7/8	5 1/2	15.50#	6497	POZ PP50/50	73	SEE CMT TIX

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	3290-3370	CLASS 'A'	50	

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	3290-3370'		
4	3323-3327'	ACIDIZE w/250 GAL HCL.	3323-3327

TUBING RECORD	Size 2 3/8	Set At 3312	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. * SI - WAITING ON EVALUATION	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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 type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval _____ _____
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EOG Resources, Inc.
3817 NW Expressway
Suite 500
Oklahoma City, OK 73112-1483
(405) 246-3100

January 10, 2011

RECEIVED

JAN 12 2011

Kansas Corporation Commission
Conservation Division
Finney State Office Building
130 S. Market, Room 2078
Wichita, KS 67202-3802

KCC WICHITA

KCC
JAN 10 2011
CONFIDENTIAL

Re: Electric Logs & All Applicable Information
UPC 23 #2
API No. 15-189-22618-00-00

Dear Sir or Madam:

EOG Resources, Inc. respectfully requests that all electric logs, test data, and applicable information pertaining to the above referenced well are held confidential for the 2-year maximum time period allowed by the Kansas Corporation Commission.

If additional information is required, please contact me directly at (405) 246-3226.

Sincerely,

A handwritten signature in cursive script that reads "Dawn Rockel".

Dawn Rockel
Sr. Operations Assistant

Enclosures