

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

4/9/13

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: _____

Designate Type of Completion ***RECOMPLETION**

____ New Well ____ Re-Entry Workover

____ Oil ____ SWD ____ SIOW

____ Gas ____ ENHR ____ SIGW

____ CM (Coal Bed Methane) ____ Temp. Abd.

____ Dry Other ZONE TESTED 100% WATER
(Core, WSW, Expl., Cathodic, etc.)

If Workover/Reentry: Old Well Info as follows:

Operator: EOG RESOURCES, INC.

Well Name: KRAMER 1 #1

Original Comp. Date 3/2/10 Original Total Depth 6700'

____ 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. _____

12/10/10 12/23/10

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API NO. 15- 15-189-22693-00-001

Spot Description: _____

NE - NW - SE - SW Sec. 1 Twp. 34 S. R. 38 East West

1100 Feet from North / South Line of Section

1950 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County STEVENS

Lease Name KRAMER Well # 1 #1

Field Name WILDCAT

Producing Formation _____

Elevation: Ground 3174' Kelley Bushing 3185'

Total Depth 6700' Plug Back Total Depth 6598'

Amount of Surface Pipe Set and Cemented at 1707 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) AWIM 42711

Chloride content 4000 ppm Fluid volume 1000 bbls

Dewatering method used EVAPORATION

Location of fluid disposal if hauled offsite: _____

Operator Name WEST SUNSET DISPOSAL, LLC

Lease Name ROHER License No. 32462

Quarter _____ Sec. 36 Twp. 34 S. R. 36 East West

County STEVENS Docket No. D27649

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 Kel

Title SR. OPERATIONS ASSISTANT Date 4/6/2011

Subscribed and sworn to before me this 6th day of April

Notary Public Diana Igleheart

Date Commission Expires 7/6/13

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

KCC Office Use ONLY
RECEIVED
4/9/11-4/9/13
APR 07 2011
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
Wireline Log Received
Geologist Report Received
UIC Distribution
KCC WICHITA

Operator Name EOG RESOURCES, INC.

Lease Name KRAMER Well # 1 #1

Sec. 1 Twp. 34 S.R. 38 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 <i>(Attach Additional Sheets)</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <i>(Submit Copy)</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No List All E.Logs Run: RESISTIVITY, SONIC ARRAY, MICRO, SD/DS NEUTRON, SD/DS NEUTRON MICRO & CBL. PREVIOUSLY SUBMITTED	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample Name Top Datum SEE ATTACHED SHEET
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CASING RECORD <input checked="" type="checkbox"/> New <input checked="" 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
SURFACE	12 1/4	8 5/8	24#	1707	MIDCON2 PP	300	SEE ATTACHED
					PREM PLUS	200	
PRODUCTION	7 7/8	5 1/2	15.5#	6683	50/50 POZ	204	SEE ATTACHED

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 <i>(Amount and Kind of Material Used)</i>	Depth
4	6546'-6554	ACIDIZE W/1000 GAL HCL.	6546-6554
	CIBP @ 6540'		
4	6504-6508 & 6520-6526' *	ACIDIZE w/1500 GAL HCL.	6504-6526

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 7/8	6420 *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr.	Producing Method
EVALUATING	<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 <i>(If vented, submit ACO-18.)</i>	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 _____ _____
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