

CONFIDENTIAL

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 5278
Name: EOG Resources, Inc.
Address 3817 NW Expressway, Suite 500
City/State/Zip Oklahoma City, Oklahoma 73112
Purchaser: N/A
Operator Contact Person: DARA TATUM
Phone (405) 246-3244
Contractor: Name: ABERCROMBIE RID, INC.
License: 30684

Wellsite Geologist: _____

Designate Type of Completion

- New Well Re-Entry Workover
- Oil SWD SIOW Temp. Abd.
- Gas ENHR SIGW
- 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./SWD

Plug Back Plug Back Total Depth _____

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Enhr?) Docket No. _____

12/5/05 12/20/05 12-20-2006
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API NO. 15- 175-22014-00-00

County SEWARD

NE - C Sec. 7 Twp. 34 S. R. 32 E W

1320 Feet from S (circle one) Line of Section

1320 Feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW

Lease Name HIEBSCH Well # 7 #1

Field Name _____

Producing Formation N/A

Elevation: Ground 2833' Kelley Bushing 2834'

Total Depth 6600' Plug Back Total Depth _____

Amount of Surface Pipe Set and Cemented at 1700' 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 WHM 5.2.07
(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 _____

Quarter _____ Sec. _____ Twp. 34 S. R. 32 E W

County _____

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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 Dara Tatum

Title Sr. Regulatory Administrator Date 1-4-06

Subscribed and sworn to before me this 4TH day of JANUARY, 20 06.

Notary Public Heather Nealson HEATHER NEALSON
Cleveland County
Notary Public in and for
State of Oklahoma

Date Commission Expires 4-26-08

SEAL
Commission # 04003796 Expires 4/26/08

KCC Office Use ONLY
YES Letter of Confidentiality Attached
If Denied, Yes Date: _____
Wireline Log Received
Geologist Report Received
UIC Distribution

Operator Name EOG RESOURCES, INC.

Lease Name HIEBSCH

Well # 7 #1

Sec. 7 Twp. 34 S.R. 32 East West

County SEWARD

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. 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.) Yes No

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run (Submit Copy.) Yes No

List All E.Logs Run:

**MUDLOG, MICROLOG, HIGH RESOLUTION INDUCTION LOG,
SPECTRAL DENSITY DUAL SPACED NEUTRON MICROLOG,
SPECTRAL DENSITY DUAL SPACED NEUTRON LOG**

Log Formation (Top), Depth and Datums Sample

Name Top Datum

SEE ATTACHED SHEET

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	11"	8 5/8	24#	1700'	MIDCON PP	210	3%OC-1/4FLOC
					PREM PLUS	180	2%OC-1/4FLOC

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				SEE PLUGGING RECORD

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

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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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)
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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:

METHOD OF COMPLETION

Production Interval

- Vented Sold Used on Lease Open Hole Perforation Dually Comp. Commingled
 (If vented, submit ACO-18.) Other (Specify) WELL WAS PGA.

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ACO-1		
Well Name : Hiebsch 7 #1		
FORMATION	TOP	DATUM
heebner	4372	1538
toronto	4413	1579
lansing	4547	1713
marmaton	5223	2389
cherokee	5427	2593
atoka	5707	2873
morrow	5785	2951
chester	5984	3150
st. genevieve	6288	3454
st. louis	6495	3661

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HALLIBURTON JOB LOG

REGION Central Operations		MWA / COUNTRY Mid Continent/USA		TICKET # 4093616	TICKET DATE 12/07/05
MBU ID / EMPL # MCLI0110 / 217398		H.E.S EMPLOYEE NAME Mickey Cochran		BDA / STATE MC/Ks	COUNTY SEWARD
LOCATION LIBERAL		COMPANY EOG RESOURCES		PSL DEPARTMENT Cement	
TICKET AMOUNT \$16,263.23		WELL TYPE 01 Oil		CUSTOMER REP / PHONE JIM PURSER 580-461-0844	
WELL LOCATION LIBERAL, KS		DEPARTMENT ZI		JOB PURPOSE CODE Cement Surface Casing	
LEASE NAME HIEBSCH		Well No. 7#1	SEC / TWP / RNG 7 - 34S - 32W	HES FACILITY (CLOSEST TO WELL'S) LIBERAL	

HES EMP NAME/EMP # (EXPOSURE HOURS)	HRS	HES EMP NAME/EMP # (EXPOSURE HOURS)	HRS	HES EMP NAME/EMP # (EXPOSURE HOURS)	HRS	HES EMP NAME/EMP # (EXPOSURE HOURS)	HRS
Cochran, M 217398	8						
Beasley, J 299920	8						
Oliphant, C 243055	8						
Torres, C 344233	8						

Chart No.	Time	Rate (BPM)	Volume (BBL)(GAL)	Rate		Press.(PSI)		Job Description / Remarks
				N2	CSG.	Tbg		
	0400							JOB READY
	2330							CALLED FOR JOB
	0000							PRETRIP SAFETY MEETING
	0300							ARRIVE ON LOCATION
	0305							PREJOB SAFETY MEETING W/ HALLIBURTON CREW
	0310							SPOT EQUIPMENT
	0315							RIG UP EQUIPMENT
	0530							START CASING
	0800							CASING ON BOTTOM & CIRCULATE W/ RIG PUMP(S)
	0903				2500			PRESSURE TEST PUMPS & LINES
	0905	7.0	110.0		300			START LEAD CEMENT 210 SKS @ 11.4#
	0920	7.0	43.0		230			START TAIL CEMENT 180 SKS @ 14.8#
	0927							SHUT DOWN & DROP PLUG
	0928	7.0	0		100			START DISPLACEMENT W/ FRESH H2O
	0932	7.0	13.0		125			DISPLACEMENT CAUGHT CEMENT
	0944	4.0	80.0		500			SLOW RATE
	0949	4.0	105.0		1450			BUMP PLUG
	0950				0			RELEASE -- FLOAT HELD
	0951							END JOB
					600			PRESSURE BEFORE PLUG LANDED
								CIRCULATED CEMENT TO PIT

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THANK YOU FOR CALLING HALLIBURTON
MICKEY AND CREW

H. LIBURTON JOB SUMMARY		SALES ORDER NUMBER 4119503	TICKET DATE 12/19/05
REG. # NORTH AMERICA LAND	NWA / COUNTRY Central / USA	BDA / STATE MC / KS	COUNTY SEWARD
ABU ID / EMTPL # MCLI0104 212723	H.E.S. EMPLOYEE NAME JERRAKO EVANS	PSL DEPARTMENT ZI / CEMENT	
LOCATION LIBERAL	COMPANY EOG RESOURCES 302122	CUSTOMER REP / PHONE DALE PASSIG 580-461-0844	
TICKET AMOUNT \$16,493.01	WELL TYPE GAS	API/WI #	
WELL LOCATION LIBERAL, KS	DEPARTMENT CEMENT	SAP BOMB NUMBER 7528	Description Plug to Abandon
LEASE NAME HIEBSCH	Well No. 2465427 7#1	HES FACILITY (CLOSEST TO WELL SITE) LIBERAL	
SEC / TWP / RNG 7 - 34S - 32W			

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HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS	HRS
Evans, J 212723	13.5			
Buttry, C 317429	13.5			
Torres, C 344233	13.5			

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H.E.S. UNIT # / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES
10415642	10		
10219237	10		
10010752-10011277	30		

Form. Name _____ Type: _____
 Form. Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Retainer Depth _____ Total Depth **6600 FT**

Date	Called Out	On Location	Job Started	Job Completed
	12/19/2005	12/19/2005	12/20/2005	12/20/2005
Time	1600	1900	0200	0830

Type and Size	Qty	Make
Float Collar		H
Float Shoe		
Centralizers		A
Top Plug		
HEAD		L
Limit clamp		
Weld-A		C
Guide Shoe		
BTM PLUG		O

	New/Used		Weight		Size	Grade	From	To	Max. Allow
Casing							KB		
Liner									
Liner									
Tubing					4 1/2			3,300	
Drill Pipe									
Open Hole					7 7/8"			6,600	Shots/Ft.
Perforations									
Perforations									
Perforations									

Materials			
Mud Type	Density	Lb/Gal	
Disp. Fluid	Density	Lb/Gal	
Prop. Type	Size	Lb	
Prop. Type	Size	Lb	
Acid Type	Gal.	%	
Acid Type	Gal.	%	
Surfactant	Gal.	In	
NE Agent	Gal.	In	
Fluid Loss	Gal/Lb	In	
Gelling Agent	Gal/Lb	In	
Fric. Red.	Gal/Lb	In	
Breaker	Gal/Lb	In	
Blocking Agent	Gal/Lb		
Perfpac Balls	Qty.		
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
12/19	13.5	12/20	14.0	Plug to Abandon
Total	13.5	Total	14.0	

Ordered _____ Hydraulic Horsepower _____ Used _____
 Average Rates in BPM _____
 Treating _____ Disp. _____ Overall _____
 Cement Left in Pipe _____
 Feet _____ Reason _____ SHOE JOINT

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	100	40/60 POZ G	6% GEL	7.59	1.53	13.50
2	50	40/60 POZ G	6% GEL	7.59	1.53	13.50
3	50	40/60 POZ G	6% GEL	7.59	1.53	13.50
4	20	40/60 POZ G	6% GEL	7.59	1.53	13.50

Summary			
Circulating Breakdown	Displacement	Preflush: BBI	Type: _____
Lost Returns-YES	MAXIMUM	Load & Bkdn: Gal - BBI	Pad: Bbl -Gal _____
Cmt Rtn#Bbl	Lost Returns-NO	Excess /Return BBI	Calc. Disp Bbl _____
Average	Actual TOC	Calc. TOC: _____	Actual Disp. 36,18.4
Shut In: Instant	Frac. Gradient	Treatment: Gal - BBI	Disp: Bbl _____
	5 Min. _____ 15 Min. _____	Cement Slurry: BBI	
		Total Volume BBI	27,13,13,5,5

Frac Ring #1 _____ | Frac Ring #2 _____ | Frac Ring #3 _____ | Frac Ring #4 _____

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE _____
 Dale Passig
 SIGNATURE

