

* Revised

Form ACO-1
September 1999
Form must be Typed
ORIGINAL 1-31-09

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5278
Name: EOG Resources, Inc.
Address: 3817 NW Expressway, Suite 500
City/State/Zip: Oklahoma City, Oklahoma 73112
Purchaser: DUKE ENERGY SERVICES INC.
Operator Contact Person: MINDY BLACK
Phone: (405) 246-3130
Contractor: Name: ABERCROMBIE RTD, INC.
License: 30684
Wellsite Geologist: _____

CONFIDENTIAL

API NO. 15- 175-22065-0000
County SEWARD

SF - NW - SE - NE Sec. 8 Twp. 34 S. R. 34 E W
1824 Feet from SW (circle one) Line of Section
854 Feet from EW (circle one) Line of Section

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

Lease Name HATCHER Well # 8 #1

Field Name Unnamed

Producing Formation BASAL CHESTER

Elevation: Ground 2946' Kelley Bushing 2958'

Total Depth 6625' Plug Back Total Depth 6495'

Amount of Surface Pipe Set and Cemented at 1683' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 4472' Feet

If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Designate Type of Completion
 New Well Re-Entry Workover
KCC WICHITA

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. _____

10/9/2006 10/21/2006 12/9/06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

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 EOG RESOURCES, INC.

Lease Name HATCHER 8-1 License No. 5278

Quarter NE Sec. 8 Twp. 34 S. R. 34 E W

County SEWARD 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 Mindy Black

Title REGULATORY OPERATIONS ASSISTANT Date 3/30/07

Subscribed and sworn to before me this 30th day of March, 2007.

Notary Public Sheree Foster

Date Commission Expires 6-26-2008 Commission # 00008000

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 HATCHER Well # 8 #1

Sec. 8 Twp. 34 S.R. 34 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.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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	SEE ATTACHED SHEET		
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E.Logs Run: MICROLOG, HIGH RESOLUTION INDUCTION, DENSITY NEUTRON W/MICROLOG, DENSITY NEUTRON, MUDLOG				

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
SURFACE	12 1/24	8 5/8	24#	1683'	MIDCON & PP	580	SEE CMT TIX
PRODUCTION	7 7/8	4 1/2	10.5#	6598'	50/50POZ PP	360	SEE CMT TIX

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
4	6294' - 6324'	30K# 20/40SD, 29484 GAL 75%Q CO2 GELLED 2% KCL WATER, 1500 GAL 15% HCL	6294-6324

TUBING RECORD	Size <u>2 3/8</u>	Set At <u>6277'</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------	-------------------	---------------------	-----------	---

Date of First, Resumed Production, SWD or Enhr. <u>12/14/2006 - oil, 2/22/07 - gas</u>	Producing Method <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. <u>50</u>	Gas Mcf <u>36</u>	Water Bbls. <u>0</u>	Gas-Oil Ratio <u>1388</u>	Gravity <u>0.6710</u>
-----------------------------------	---------------------	-------------------	----------------------	---------------------------	-----------------------

Disposition of Gas: Vented Sold Used on Lease Open Hole Perforation Dually Comp. Commingled Other (Specify) _____

(If vented, submit ACO-18.)

Original ACO-1

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form must be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5278
Name: EOG Resources, Inc.
Address 3817 NW Expressway, Suite 500
City/State/Zip Oklahoma City, Oklahoma 73112
Purchaser: DUKE ENERGY SERVICES INC.
Operator Contact Person: MINDY BLACK
Phone (405) 246-3130
Contractor: Name: ABERCROMBIE LTD. INC.
License: 30684
Wellsite Geologist: _____

API NO. 15- 175-22065-0000
County SEWARD
SE - NW - SE - NE Sec. 8 Twp. 34 S. R. 34 E W
1824 Feet from S (circle one) Line of Section
854 Feet from E (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name HATCHER Well # 8 #1
Field Name _____
Producing Formation BASAL CHESTER

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc.)

Elevation: Ground 2946' Kelley Bushing 2958'
Total Depth 6625' Plug Back Total Depth 6495'
Amount of Surface Pipe Set and Cemented at 1683' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 4472' Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

If Workover/Reentry: Old Well Info as follows: **RECEIVED**
Operator: _____
Well Name: APR U 2 2007
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. _____
10/9/2006 10/21/2006 12/9/06
Spud Date or Date Reached TD Completion Date or Recompletion Date

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 EOG RESOURCES, INC.
Lease Name HATCHER 8-1 License No. 5278
Quarter NE Sec. 8 Twp. 34 S. R. 34 E W
County SEWARD 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 Mindy Black
Title REGULATORY OPERATIONS ASSISTANT Date 1-30-07

Subscribed and sworn to before me this 30th day of JANUARY
2007
Notary Public Heather Nealson
Date Commission Expires 4-26-08

HEATHER NEALSON
Cleveland County
Notary Public in and for
State of Oklahoma
Commission # 04003795 Expires 4/26/08

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 HATCHER

Well # 8 #1

Sec. 8 Twp. 34 S.R. 34 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:

MICROLOG, HIGH RESOLUTION INDUCTION, DENSITY NEUTRON W/MICROLOG, DENSITY NEUTRON, MIDLOG

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
<u>SURFACE</u>	<u>12 1/24</u>	<u>8 5/8</u>	<u>24#</u>	<u>1683'</u>	<u>MIDCON & PP</u>	<u>580</u>	<u>SEE OMT TDX</u>
<u>PRODUCTION</u>	<u>7 7/8</u>	<u>4 1/2</u>	<u>10.5#</u>	<u>6598'</u>	<u>50/50PCZ PP</u>	<u>360</u>	<u>SEE OMT TDX</u>

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
<u>4</u>	<u>6294'-6324'</u>	<u>30K# 20/40SD, 29484 GAL 75%Q CO2</u>	<u>6294-6324</u>
		<u>GELLED 2% KCL WATER, 1500 GAL 15%</u>	
		<u>HCL</u>	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	<u>2 3/8</u>	<u>6277'</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr.	Producing Method
<u>12/14/2006</u>	<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
	<u>200</u>		<u>40</u>		

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 has not had 1st gas sales. Pipeline will be completed on 2-9-07.

