

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 5278 **CONFIDENTIAL**

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. **CONFIDENTIAL**

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. _____

9/21/05 9/30/05 9-30-2005

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

API NO. 15- 175-21999-00-00

County SEWARD

E/2 NE NE Sec. 13 Twp. 34 S. R. 33 E W

660 Feet from S(N) (circle one) Line of Section

330 Feet from E(W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name WILSON Well # 13 #1

Field Name _____

Producing Formation N/A

Elevation: Ground 2818 Kelley Bushing 2830

Total Depth 6500' Plug Back Total Depth _____

Amount of Surface Pipe Set and Cemented at 1688 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 PA AFF INHC 13-08
(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. _____ E W

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 Dara Tatum

Title SENIOR REGULATORY ADMINISTRATOR Date 10/26/05

Subscribed and sworn to before me this 26th day of OCTOBER

20 05.
Notary Public Heather Nealsen

Date Commission Expires 4-26-08

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

Commission # 04003796 Expires 4/26/08

KCC Office Use ONLY

YES Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received **RECEIVED**

Geologist Report Received

UIC Distribution **OCT 31 2005**

KCC WICHITA

Operator Name EOG RESOURCES, INC.

Lease Name WILSON

Well # 13 #1

Sec. 13 Twp. 34 S.R. 33 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 type="checkbox"/> Yes <input checked="" 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 (Submit Copy.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No List All E.Logs Run: HIGH RESOLUTION INDUCTION LOG, ANNULAR HOLE VOLUME PLOT, SPECTRAL DENSITY DUAL SPACED NEUTRON MICROLOG, SPECTRAL DENSITY DUAL SPACED NEUTRON LOG, MUDLOG	<input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample Formation (Top), Depth and Datums Name Top Datum SEE ATTACHED SHEET
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CASING RECORD <input checked="" 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	11	8 5/8	24	1688	MIDCON PP	210	
					PREM PLUS	180	

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 WELL PLUGGING RECORD CP-4

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
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: Vented Sold Used on Lease Open Hole Perforation Dually Comp. Commingled

(If vented, submit ACO-18.) Other (Specify) WELL WAS P&A

1002 A		
Well Name : Wilson 13 #1		
FORMATION	TOP	DATUM
heebner	4323	1493
toronto	4380	1550
lansing	4498	1668
lansing A	4550	1720
lansing C	5018	2188
lansing D	5090	2260
marmaton	5195	2365
cherokee	5420	2590
atoka	5590	2760
morrow	5770	2940
st. genevieve	6345	3515

RECEIVED
OCT 31 2005
KCC WICHITA

HALLIBURTON JOB SUMMARY

3955667

09/22/05

REGION Central Operations	MVA / COUNTRY Mid Continent/USA	BDA / STATE MC/Ks	TICKET DATE 09/22/05
MBU ID / EMPL # MCLIO103 106304	H.E.S. EMPLOYEE NAME BOB SMITH 106036	PSL DEPARTMENT Cement	COUNTY SEWARD
LOCATION LIBERAL	COMPANY EOG RESOURCES	CUSTOMER REP / PHONE DALE PASSIG 580-651-0067	
TICKET AMOUNT \$12,675.08	WELL TYPE 01 Oil	API/UM # 13#1	
WELL LOCATION LAND NW OF LIBERAL, KS	DEPARTMENT CEMENT	SAP BOMB NUMBER 7521	Cement Surface Casing
LEASE NAME WILSON	Well No. 13#1	HES FACILITY (CLOSEST TO WELL SITE) Liberal Ks.	

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS	HRS
? Willie D. 226409 ?	3	120	Woodrow, J 105848	LI 120
Smith, B - 108063	12.0			
Coble, R. 347700	11	980		
Arnett, J 228667	8	1300		

H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10251401	10			
10244148-10286731	50			

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

Date	Called Out	On Location	Job Started	Job Completed
	9/22/2005	9/22/2005	9/23/2005	9/23/2005
Time	1530	2200	0332	0447

Tools and Accessories

Type and Size	Qty	Make
Float Collar TROPHY	1	HALCO
Float Shoe		
Centralizers		
Top Plug HWE	1	HALCO
HEAD DO315	1	HALCO
Limit clamp	1	HALCO
Weld-A		
Guide Shoe TIGER	1	HALCO
BTM PLUG		

Well Data

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	NEW	24#	8 5/8"		0	1,688	
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole			11 INCH				Shots/Ft.
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	
Perpac Balls	Qty.	
Other		
Other		
Other		
Other		

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
9/22	5.0	9/23	1.3	Cement Surface Casing
9/23	7.0			
Total	12.0	Total	1.3	

Ordered	Hydraulic Horsepower Avail.	Used
Treating	Average Rates in BPM Disp.	Overall
Feet 45	Cement Left in Pipe Reason	SHOE JOINT

Cement Data

Stage	Sacks	Cement	Bulk/Sks	Additives	W/Rq.	Yield	Lbs/Gal
1	210	MIDCON PP		3% CC - 1/4# FLOCELE - .1% FWCA	16.64	2.76	11.60
2	180	PREM PLUS		2% CC - 1/4# FLOCELE	6.30	1.34	14.80
3							
4							

Summary

Circulating	Displacement	Preflush:	BBI	Type:
Breakdown	MAXIMUM	Load & Bkdn:	Gal - BBI	Pad:Bbl - Gal
Lost Returns	Lost Returns	Excess/Return	BBI	Calc. Disp Bbl
Cmt Rtrn#Bbl	Actual TOC	Calc. TOC:		Actual Disp.
Average	Frac. Gradient	Treatment	Gal - BBI	Disp:Bbl
Shut in: Instant	5 Min.	Cement Slurry	BBI	
	15 Min.	Total Volume	BBI	

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

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE Dale Passig
 SIGNATURE

HALLIBURTON JOB SUMMARY

REGION NORTH AMERICA LAND		MVA / COUNTRY Central / USA		SALES ORDER NUMBER 3972609		TICKET DATE 09/30/05	
MBU ID / EMPL # MCL1014 317429		H.E.S. EMPLOYEE NAME CHAD BUTTRY		BDA / STATE MC / KS		COUNTY SEWARD	
LOCATION LIBERAL		COMPANY EOG RESOURCES 302122		PSL DEPARTMENT ZI / CEMENT		CUSTOMER REP / PHONE GARY BROCK 580-651-0067	
TICKET AMOUNT \$10,070.52		WELL TYPE 02 GAS		API/LWI #			
WELL LOCATION LIBERAL, KS		DEPARTMENT CEMENT		SAP BOMB NUMBER 7528		Description Plug to Abandon	
LEASE NAME WILSON		Well No. 2450319 13#1		SEC / TWP / RNG		HES FACILITY (CLOSEST TO WELL SITE) LIBERAL	

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS	HRS
Buttry, C 317429	6.0			
Martin, J 317927	6.0			
Chavez, I 340270	6.0			
Olds, R 306196	5.0			

H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10415642	10			
10219237	10			
10002297-10011276	20			

Form. Name _____ Type: _____
 Form. Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Retainer Depth _____ Total Depth **6400 FT**

Date	Called Out	On Location	Job Started	Job Completed
	9/30/2005	9/30/2005	9/30/2005	9/30/2005
Time	1100	1300	1549	1900

Tools and Accessories

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

Well Data

New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing				KB		
Liner						
Liner						
Tubing		4 1/2				
Drill Pipe						
Open Hole		7 7/8"		0-	6,400	Shots/Ft.
Perforations						
Perforations						
Perforations						

Materials

Mud Type	Density	Lb/Gal
Disp. Fluid		
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

Date	Hours	Date	Hours
9/30	4.0	9/30	8.0
Total	4.0	Total	8.0

Operating Hours

Date	Hours
9/30	8.0
Total	8.0

Description of Job

Plug to Abandon

0-3200, 0-1700

0-550, 0-60

SEE JOB PROCEDURE

RECEIVED

OCT 31 2005

Hydraulic Horsepower Avail. _____

Average Rates in BPM _____

Disp. _____

Cement Left in Pipe _____

Reason _____

SHOE JOINT

Cement Data

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

Summary

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

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

THE INFORMATION STATED HEREIN IS CORRECT

CUSTOMER REPRESENTATIVE _____ SIGNATURE _____

