

ORIGINAL

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

MAY 02 2007

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

Designate Type of Completion Recompletion Reclass to Gas  
\_\_\_\_ 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: EOG RESOURCES, INC.

Well Name: ELIZABETH 22 #1

Original Comp. Date 11/4/06 Original Total Depth 6600'

\_\_\_\_ 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. \_\_\_\_\_

9/28/2006 10/7/2006 3/2/07  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API NO. 15- 175-22064-000 CONSERVATION DIVISION  
County SEWARD WICHITA, KS  
\_\_\_\_ - C - SE - NE Sec. 22 Twp. 34 S. R. 34  E  W

1980 Feet from SW (circle one) Line of Section,

660 Feet from EW (circle one) Line of Section

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

Lease Name ELIZABETH Well # 22 #1

Field Name \_\_\_\_\_

Producing Formation LOWER MORROW

Elevation: Ground 2918' Kelley Bushing 2930'

Total Depth 6600' Plug Back Total Depth 6526'

Amount of Surface Pipe Set and Cemented at 1674' 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 WD S-21-07-WHM  
(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.

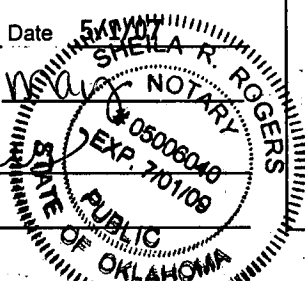
Signature Mindy Black

Title REGULATORY OPERATIONS ASSISTANT Date 5/2/07

Subscribed and sworn to before me this 1st day of May

Notary Public Sheila R. Rogers

Date Commission Expires 07-2-09



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.**

Side Two

Lease Name **ELIZABETH**

Well # **22 #1**

Sec. **22** 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, MUDLOG, DENSITY NEUTRON, DENSITY NEUTRON W/MICROLOG**

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
<b>SURFACE</b>	<b>12 1/4</b>	<b>8 5/8</b>	<b>24#</b>	<b>1674'</b>	<b>MIDCON &amp; PP</b>	<b>480</b>	<b>SEE CMT TIX</b>
<b>PRODUCTION</b>	<b>7 7/8</b>	<b>4 1/2</b>	<b>10.5#</b>	<b>6598'</b>	<b>50/50POZ PP</b>	<b>165</b>	<b>SEE CMT TIX</b>

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
<b>4</b>	<b>6459' - 6476'</b>	<b>1K GAL 15% HCL, 51,130# 20/40 SAND</b>	<b>6459-6476</b>
		<b>15,414 GAL 40# LINEAR GEL 2% KCL</b>	
	<b>4 1/2" CIBP SET @ 6440'</b>		
<b>4</b>	<b>6097' - 6113'</b>	<b>47k#'S 20/40SD, 43865g. 4%KCL 75%CO2</b>	<b>6097-6113</b>

TUBING RECORD	Size	Set At	Packer At	Liner Run
	<b>2 3/8</b>	<b>6063'</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr.	Producing Method
<b>12/13/06(1ST SALES) 3/2/07(RECOMP SALES)</b>	<input checked="" 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
	<b>35</b>	<b>4424</b>	<b>0</b>	<b>126400</b>	<b>0.6745</b>

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

(If vented, submit ACO-18.)