

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

RECEIVED Form ACO-1
September 1999
OCT 12 2004 Form must be Typed

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE KCC WICHITA

Operator: License # 5952
Name: BP AMERICA PRODUCTION COMPANY
Address P. O. BOX 3092, WL1-RM 3.201
City/State/Zip HOUSTON, TX 77253-3092
Purchaser: _____
Operator Contact Person: SUE SELLERS
Phone (281) 366-2052
Contractor: Name: CHEYENNE DRILLING
License: 5382
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. _____
5/29/04 5/31/04 7/29/04
Spud Date or Date Reached TD Completion Date or Recompletion Date

API NO. 15- 129-21729-0000
County MORTON
SE - SW - NE - NW Sec. 30 Twp. 31 S. R. 39 E W
1250' N Feet from S/N (circle one) Line of Section
1840' W Feet from E/W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name MILBURN 'A' Well # 3HI
Field Name HUGOTON
Producing Formation CHASE
Elevation: Ground 3244' Kelley Bushing 3249'
Total Depth 2717' Plug Back Total Depth _____
Amount of Surface Pipe Set and Cemented at 598 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 ALT#1 RGR 7/2/07
(Data must be collected from the Reserve Pit)
Chloride content 800 MG/LTR ppm Fluid volume 800 bbls
Dewatering method used DRIED AND FILLED
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.

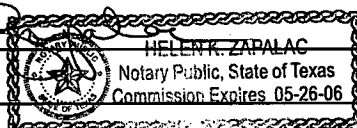
Signature Sue Sellers

Title REGULATORY STAFF ASSISTANT Date 10/04/04

Subscribed and sworn to before me this 4TH day of OCTOBER 20 04

Notary Public [Signature]

Date Commission Expires _____



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

ORIGINAL

Operator Name BP AMERICA PRODUCTION COMPANY

Lease Name MILBURN 'A' Well# 3HI

Sec. 30 Twp. 31 S.R. 39 East West

County MORTON

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 type="checkbox"/> Yes <input checked="" 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: COMPENSATED SPECTRAL NATURAL GAMMA	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><input checked="" type="checkbox"/> Log</td> <td style="width:55%;">Formation (Top), Depth and Datums</td> <td style="width:15%;"><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top Datum</td> <td></td> </tr> <tr> <td>CHASE</td> <td>2362' KB</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample	Name	Top Datum		CHASE	2362' KB	
<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample								
Name	Top Datum									
CHASE	2362' KB									

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	12 1/4"	8 5/8"	24#	598'	HLC PP	145	3%CC;1/4#FLOC
					PP	150	2%CC;1/4#FLOC
PRODUCTION	7 7/8"	5 1/2"	15.5#	2717'	HLC PP	425	1/4# FLOCELE

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	2500 - 2510'	FRAC - W/200,000# 16/30 BRADY SAND	2500-2510
4	2560 - 2570'	70Q N2 FOAM	

TUBING RECORD	Size 2 3/8"	Set At 2732'	Packer At NA	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. 7/29/04	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.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
	0			70	0			

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

(If vented, submit ACO-18.) Other (Specify) _____

METHOD OF COMPLETION _____ Production Interval _____

HALLIBURTON JOB SUMMARY

3104514

05/29/04

REGION Central Operations	NWA / COUNTRY Mid Continent/USA	BDA / STATE MC/Ks	COUNTY MORTON
HBU ID + EMPL # MCLIO103 106304	H.E.S. EMPLOYEE NAME Kirby Harper	PSL DEPARTMENT Cement	
LOCATION LIBERAL	COMPANY BP AMERICA	CUSTOMER REP / PHONE KEITH PANTLE 806-255-0275	
TICKET AMOUNT \$7,062.99	WELL TYPE 02 Gas	API/UVI #	
WELL LOCATION N. OF ROLLA, KS	DEPARTMENT CEMENT	SAP BOMB NUMBER 7521	Cement Surface Casing
LEASE NAME MILBURN	Well No. A-3HI	SEC / TWP / RNG 30 - 31S - 39W	HES FACILITY (CLOSEST TO WELL SITE) Liberal, Ks

RECEIVED

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS	HRS
Harper, K 241985	5.5			
Wille D. 226409	5.5			
Wiltshire, M 195811	5.5			

OCT 12 2004
KCC WICHITA

H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10219237	125			
10010748-10011278	28			

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
	5/29/2004	5/29/2004	5/29/2004	5/29/2004
Time	1430	1730	2100	2200

Tools and Accessories

Type and Size	Qty	Make
Float Collar TROPHY SEA	1	HOWCO
Float Shoe		
Centralizers 8 5/8X12 1/4	5	HOWCO
Top Plug 8 5/8	1	HOWCO
HEAD 8 5/8	1	HOWCO
Limit clamp 8 5/8	1	HOWCO
Weld-A	1	HOWCO
Guide Shoe TIGER TOOTH	1	HOWCO
BTM PLUG		

Well Data

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	NEW	24.0	8 5/8		0	598	
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole			12 1/4				Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials

	Density	Lb/Gal
Mud Type		
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
5/29	4.5	5/29	1.0
Total	4.5	Total	1.0

Description of Job
Cement Surface Casing

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

Cement Data

Stage	Sacks	Cement	Bulk/Sks	Additives	W/Rq.	Yield	Lbs/Gal
1	145	HLC PP		3% CC - 1/4# FLOCELE	11.45	2.07	12.30
2	160	PREM PLUS		2% CC - 1/4# FLOCELE	6.30	1.34	14.80
3							
4							

Summary

Circulating	Displacement	Flush: 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. 35
Average	Frac. Gradient	Treatment: Gal - BBI	Disp: Bbl
Shut In: Instant	5 Min. 15 Min.	Cement Slurry BBI	89
		Total Volume BBI	124.41

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

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE

James L. Best
 SIGNATURE

HALLIBURTON JOB SUMMARY

REGION Central Operations		NWA / COUNTRY Mid Continent/USA		SALES ORDER NUMBER 3106096		TICKET DATE 05/30/04	
MBU ID / EMPL # MCLO103 106304		H.E.S. EMPLOYEE NAME Kirby Harper		BDA / STATE MC/Ks		COUNTY MORTON	
LOCATION LIBERAL		COMPANY BP AMERICA		PSL DEPARTMENT Cement			
TICKET AMOUNT \$7,174.29		WELL TYPE 02 Gas		CUSTOMER REP / PHONE KENNETH BURT 806-255-0008		API/AMI #	
WELL LOCATION N. OF ROLLA, KS		DEPARTMENT CEMENT		SAP BOMB NUMBER 7523		Cement Production Casing <input checked="" type="checkbox"/>	
LEASE NAME MILBURN		Well No. A-3H		SEC / TWP / RNG 30 - 31S - 39W		WES FACILITY (CLOSEST TO WELL SITE) Liberal Ks.	

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS	HRS
Harper, K 241985	3.5			
Wille D. 225409	3.5			
Wiltshire, M 195811	3.5			

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KCC WICHITA

H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10219237	125			
10011392-10240245	28			

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
	5/30/2004	5/30/2004	5/31/2004	5/31/2004
Time	~ 2100	~ 2400	0130	0230

Tools and Accessories

Type and Size	Qty	Make
Float Collar		
Float Shoe IFS SHOE	1	HOWCO
Centralizers 5 1/2X7 7/8	6	HOWCO
Top Plug 5 1/2	1	HOWCO
HEAD 5 1/2	1	HOWCO
Limit clamp 5 1/2	1	HOWCO
Weld-A	1	HOWCO
Guide Shoe		
BTM PLUG		

Well Data

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	NEW	15.5	5 1/2		0	2,717	
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole			7 7/8				Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials

Material	Unit	Qty
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

Date	Hours	Date	Hours
5/31	2.5	5/31	1.0
Total	2.5	Total	1.0

Description of Job
Cement Production Casing

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

Cement Data

Stage	Sacks	Cement	Bulk/Sks	Additives	W/Rg.	Yield	Lbs/Gal
1	425	HLC PP		1/4# FLOCELE	11.41	2.04	12.27
2							
3							
4							

Summary

Circulating Breakdown	Displacement	Preflush: BBI	Type: --
Lost Returns	MAXIMUM	Load & Bkdn: Gal - BBI	Pad:Bbl -Gal
Cmt Rtrn#Bbl	Lost Returns-l	Excess /Return BBI	Calc. Disp Bbl
Average	Actual TOC	Calc. TOC:	Actual Disp. 65
Shut In: Instant	Frac. Gradient	Treatment: Gal - BBI	Disp:Bbl
	5 Min.	Cement Slurry BBI	154
	15 Min.	Total Volume BBI	219.08

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

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE _____

Kenneth Burt
 SIGNATURE

