

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

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: _____

API NO. 15- 129-21706-0000
County MORTON
SE - NW - SE - SE Sec. 15 Twp. 32 S. R. 40 E W
1200 S Feet from SD (circle one) Line of Section
1250 E Feet from EDW (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name EVANS B Well # 3HI
Field Name HUGION
Producing Formation CHASE

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 3325' Kelley Bushing 3332'
Total Depth 2623' Plug Back Total Depth 2623'
Amount of Surface Pipe Set and Cemented at 642 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 crmt.

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. _____
9/22/03 9/24/03 10/10/03
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

Drilling Fluid Management Plan ALL I RGR 1/28/08
(Data must be collected from the Reserve Pit)
Chloride content 3400 MG/L ppm Fluid volume 700 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 STAFF ASSISTANT Date 11/12/03

Subscribed and sworn to before me this 12TH day of NOVEMBER, 20 03.

Notary Public HELENE KAPALAC
Date Commission Expires MAY 26 2006

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

X

Operator Name BP AMERICA PRODUCTION COMPANY Lease Name EVANS 'B' Well # 3HI

Sec. 15 Twp. 32 S.R. 40 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.) 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:

COMPENSATED SPECTRAL NATURAL GAMMA

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums		<input type="checkbox"/> Sample
Name	Top	Datum	
CHASE	2266'	KB	
COUNCIL GROVE	2550'	KB	

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	12 1/4"	8 3/8"	24#	642'	HLC PP	170	3%CC 1/4#FLO
					PREM PLUS	125	2%CC 1/4#FLO
PRODUCTION	7 7/8"	4 1/2"	10.5#	2625'	HLC PP	525	1/4# FLOCELE

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom		Type of Cement	#Sacks Used	Type and Percent Additives

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	2278-2288'; 2320-2330'; 2400-2410'; 2450-	FRAC-200,000# OF 16/30 BRADY SAND	2278-2460
	2460	W/70Q FOAM	

TUBING RECORD	Size 2 3/8"	Set At 2475'	Packer At N/A	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. 10/10/03	Producing Method <input checked="" 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. 0	Gas Mcf 400	Water Bbls. 0	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) _____

ORIGINAL

HALLIBURTON JOB LOG				TICKET # 2679883	TICKET DATE 09/22/03
REGION Central Operations		NWA / COUNTRY Mid Contitnent/USA		BDA / STATE MC/Ks	COUNTY MORTON
MBU ID / EMPL # MCLI 0110 / 217398		H.E.S EMPLOYEE NAME MICKEY COCHRAN		PSL DEPARTMENT Cement	
LOCATION LIBERAL		COMPANY BP AMERICA		CUSTOMER REP / PHONE DAN KISER 806-886-6166	
TICKET AMOUNT \$5,614.79		WELL TYPE 02 Gas		API/UMI # 129217060000	
WELL LOCATION NORTH OF ROLLA, KS		DEPARTMENT ZI		JOB PURPOSE CODE Cement Surface Casing	
LEASE NAME EVANS "B"		Well No. 3HI	SEC / TWP / RNG 15 - 32S - 40W	HES FACILITY (CLOSEST TO WELL) LIBERAL, KS	

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	5						
Harper, K 241985	5						
Archuleta, M 226383	5						

Chart No.	Time	Rate (BPM)	Volume (BBL/GAL)	Rate		Press.(PSI)		Job Description / Remarks
				N2	CSG.	Tbg		
	2200							TIME JOB READY
	1845							PRETRIP SAFTY MEETING
	2045							ARRIVE ON LOCATION
	2050							PREJOB SAFTY MEETING W/ HALLIBURTON CREW
	2100							SPOT EQUIPMENT
	2105							RIG UP TRUCKS
	2100							START CASING
	2300							CASING ON BOTTOM & CIRCULATING W/ RIG PUMP
	2322				1500			PRESSURE TEST PUMPS & LINES
	2324	5.5	5.0		80			START SPACER AHEAD (FRESH H2O)
	2325	5.5	63.0		80			START LEAD CEMENT 170 SKS @ 12.3#
	2326	5.5	30.0		116			START TAIL CEMENT 125 SKS @ 14.8#
	2340							SHUT DOWN & DROP PLUG
	2342	6.0	38.0		"0			START DISPLACEMENT W/ FRESH H2O
	2347	5.0	18.0		100			DISPLACMENT CAUGHT CEMENT
	2349	2.0	28.0		120			SLOW RATE
	2355	2.0	38.0		800			BUMP PLUG
	2356							RELEASE PRESSURE FLOAT HELD
					200			PRESSURE BEFORE PLUG LANDED
			18.0					CIRCULATED CEMENT TO PIT

RECEIVED

NOV 17 2003

THANK YOU FOR CALLING HALLIBURTON
MICKEY & CREW

KCC WICHITA

HALLIBURTON JOB SUMMARY

SALES ORDER NUMBER 2683704	TICKET DATE 09/24/03
BDA / STATE MC/Ks	COUNTY MORTON
PSL DEPARTMENT Cement	CUSTOMER REP / PHONE DAN KISER 806-886-6166
API/AMI # 12012706	SAP BOMB NUMBER 7523
HES FACILITY (CLOSEST TO WELL SITE) LIBERAL, KS.	

REGION Central Operations	MVA / COUNTRY Mid Continent/USA
MBU ID / EMPL # MCL / IO104	H.E.S. EMPLOYEE NAME JOHN WOODROW
LOCATION LIBERAL	COMPANY BP AMERICA
TICKET AMOUNT \$7,179.28	WELL TYPE 02 Gas
WELL LOCATION ELKHART, KS.	DEPARTMENT CEMENT
LEASE NAME EVANS "B"	Well No. 3HI
	SEC / TWP / RNG 15 - 32S - 40W

ORIGINAL

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS	HRS
Woodrow, J 105848	6.5	Berman, E 467604	6.0	
Harper, K 241985	6.5	Howard, A J 285427	6.0	

H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10415641	102	10240236 / 10240245	21	
10011407 / 10011306	102	54029 / 10011276	21	

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
	9/23/2003	9/24/2003	9/24/2003	9/24/2003
Time	2100	0000	0446	0545

Tools and Accessories

Type and Size	Qty	Make
Float Collar		H
Float Shoe INSERT 4 1/2	1	
Centralizers COMP		A
Top Plug 5-W 4 1/2	1	
HEAD Q/L 4 1/2	1	L
Limit clamp		
Weld-A		C
Guide Shoe		
BTM PLUG		O

Well Data

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing		10.5#	4 1/2"		KB	2,625	
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole			7 7/8"				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: 9/24, Hours: 6.5	Date: 9/24, Hours: 1.0	Cement Production Casing
Total	6.5	1.0

Ordered _____ Hydraulic Horsepower _____ Used _____
 Average Rates in BPM _____
 Treating _____ Disp. _____ Overall _____
 Feet 2 Cement Left in Pipe _____ Reason _____ SHOE JOINT

Cement Data

Stage	Sacks	Cement	Bulk/Sks	Additives	W/Rq.	Yield	Lbs/Gal
1	525	HLC PP		1/4# FLOCELE	11.41	2.04	12.27
2							
3							
4							

Summary

Circulating Breakdown	Displacement	Preflush: BBI	10.00	Type: FRESH WATER
Lost Returns - Cmt Rtn#Bbl	MAXIMUM	Load & Bkdn: Gal - BBI		Pad: Bbl - Gal
Average	Lost Returns - Actual TOC	Excess /Return BBI	30	Calc. Disp Bbl
Shut In: Instant	Frac. Gradient	Calc. TOC:		Actual Disp.
	5 Min.	Treatment: Gal - BBI		Disp: Bbl
	15 Min.	Cement Slurry BBI	190.0	
		Total Volume BBI	241.00	

Frac Ring #1 _____ Frac Ring #2 _____ Frac Ring #3 _____ Frac Ring #4 _____
THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE _____
 SIGNATURE _____

