

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: DEANN SMYERS

Phone (281) 366-4395

Contractor: Name: CHEYENNE DRILLING LP

License: 33375

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. _____

7/17/05 7/19/05 9/15/05

Spud Date or Date Reached TD Completion Date or Recompletion Date

API NO. 15- 093-21759-0000

County KEARNY

NE - NE - SE - SW Sec. 08 Twp. 23S S. R. 35W E W

1250' S Feet from S/N (circle one) Line of Section

2580' 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 URTE Well # 3

Field Name HUGOTON

Producing Formation K/W/T KRIDER/WINFIELD/TOWANDA

Elevation: Ground 3067 Kelley Bushing 3073

Total Depth 2867 Plug Back Total Depth _____

Amount of Surface Pipe Set and Cemented at 279 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 AH II nr 9-10-08
(Data must be collected from the Reserve Pit)

Chloride content 83000 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 this 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.

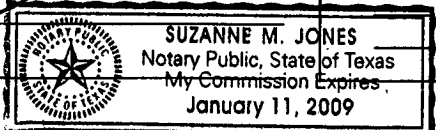
Signature Suzanne Jones

Title REGULATORY STAFF ASSISTANT Date 11/16/05

Subscribed and sworn to before me this 22nd day of November, 2005.

Notary Public Suzanne Jones

Date Commission Expires 1-11-2009



KCC Office Use ONLY

NO Letter of Confidentiality Attached
If Denied, Yes Date: _____

Wireline Log Received _____
Geologist Report Received _____
UIC Distribution _____

Operator Name BP AMERICA PRODUCTION COMPANY

Lease Name URIE

Well # 3

Sec. 08 Twp. 23S S.R. 35W East West

County KEARNY

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

Log Formation (Top), Depth and Datums Sample

Name	Top	Datum
K/W/T	2572	KB
Chase	N/A	

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 5/8"	24#	279'	HLC PP	210	2%CC;1/4#FLOC
PRODUCTION	7 7/8"	5 1/2"	15.5#	2867'	HLC PP	525	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
1-2-2	2590 - 2600	FRAC - W/84,000# 12/20 BRADY SAND	
1-2-2	2625 - 2635	30,000 GALS X-LINK GEL	
1-2-2	2693 - 2703		

TUBING RECORD

Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr. 09/15/2005

Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	0	120.67 MCFD	0		

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) _____

HALLIBURTON JOBS SUMMARY

REGION NORTH AMERICA LAND		COUNTRY Central / USA		SALES ORDER NUMBER 2531	TICKET DATE 07/17/05
MNU ID / EMPL # MCL/IO104 217398		H.E.S. EMPLOYEE NAME Mickey Cochran		BDA / STATE MC / KS	COUNTY KEARNEY
LOCATION LIBERAL		COMPANY BP AMERICA		PSL DEPARTMENT ZI / CEMENT	CUSTOMER REP / PHONE ANDREW PHILLIPS 806-323-2407
TICKET AMOUNT \$9,681.11		WELL TYPE GAS		API/UMI #	
WELL LOCATION DEERFIELD, KS		DEPARTMENT CEMENT		SAP BOMB NUMBER 7521	Description Cement Surface Casing
LEASE NAME URIE	Well No. 2432793	SEC / TWP / RNG 3	NOV 28 2005		HES FACILITY (CLOSEST TO WELL SITE) LIBERAL

RECEIVED

KCC WICHITA

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS	HRS
Cochran, M 217398	18.5			
Beasley, J 299920	7.5			
Chavez, I	12.5			
Oliphant, C 243055	7.0			

H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10441883	200			
10589601	200			
10010749/10011272	100			

Form. Name _____ Type: _____
 Form. Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Retainer Depth _____ Total Depth **260**

Date	Called Out	On Location	Job Started	Job Completed
	7/17/2005	7/17/2005	7/18/2005	7/18/2005
Time	1130	1100	0501	0524

Tools and Accessories

Type and Size	Qty	Make
Float Collar INSERT	1	H
Float Shoe		
Centralizers	6	O
Top Plug	1	
HEAD	1	W
Limit clamp	1	
Weld-A	1	C
Guide Shoe	1	
BTM PLUG		O

Well Data

New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing NEW	24#	8 5/8		KB	279	
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole			12 1/4			Shots/Ft.
Perforations						
Perforations						
Perforations						

Materials

Mud Type	Density	SPUD	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			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
7/17	13.0	7/18	0.5	Cement Surface Casing
7/18	6.5			
Total	19.5	Total	0.5	

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	Additives	W/Rq.	Yield	Lbs/Gal
1	210	PREM PLUS	2% CC - 1/4# FLOCELE	6.30	1.34	14.80
2						
3						
4			LOAD PLUG ON LOCATION LET CO. MAN WITNESS			

Summary

Circulating Breakdown	Displacement	Preflush: BBI	Type:
Lost Returns-YES	MAXIMUM	Load & Bkdn: Gal - BBI	Pad:Bbl -Gal
Cmt Rtn#Bbl	Lost Returns-NO	Excess /Return BBI	Calc. Disp Bbl
Average	Actual TOC	Calc. TOC:	Actual Disp. 16
Shut In: Instant	Frac. Gradient	Treatment: Gal - BBI	Disp:Bbl
	5 Min. 15 Min.	Cement Slurry: BBI	
		Total Volume BBI	66

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE _____

 SIGNATURE

