

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 5952
Name: BP AMERICA PRODUCTION COMPANY
Address P. O. BOX 3092, WLL-RM 3.201
City/State/Zip HOUSTON, TX 77253-3092
Purchaser: _____

API NO. 15- 055-21878-0000
County FINNEY
NW - NE - NE - SE Sec. 03 Twp. 23S S. R. 33W E W
2500' S Feet from S/N (circle one) Line of Section
500' E Feet from EW (circle one) Line of Section

Operator Contact Person: DEANN SMYERS
Phone (281) 366-4395

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

Contractor: Name: CHEYENNE DRILLING LP
License: 33375

Lease Name MEYER J.J. Well # 3HI
Field Name HUGOTON

Wellsite Geologist: _____

Producing Formation Herrington

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc.)

Elevation: Ground 2870 Kelley Bushing 2876
Total Depth 2807 Plug Back Total Depth _____
Amount of Surface Pipe Set and Cemented at 360 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.

If Workover/Reentry: Old Well Info as follows:
Operator: _____

Drilling Fluid Management Plan AH II NR
(Data must be collected from the Reserve Pit) 9-10-08

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. _____
7/11/05 7/13/05 9/9/05
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

Chloride content 8500 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 [Signature]
Title REGULATORY STAFF ASSISTANT Date 11/16/05

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

Notary Public [Signature]
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 MEYER J.J.

Well # 3HI

Sec. 03 Twp. 23S S.R. 33W East West

County FINNEY

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:

Log Formation (Top), Depth and Datums Sample
 Name Top Datum
HERRINGTON 2508 KB
CHASE N/A

COMPENSATED SPECTRAL NATURAL GAMMA

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#	360'	HLC PP	275	2%CC;1/4#FLOC
PRODUCTION	7 7/8"	5 1/2"	14#	2781'	HLC PP	575	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
3	2518 - 2528	FRAC - W/25,000# 20/40 BRADY SAND	
		74,500 GALS WATER	

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.	Producing Method			
9/9/2005	<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	103.11 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 JOB SUMMARY

REGION Central Operations	COUNTRY Mid Continent/USA	SALES ORDER NUMBER 3218952	TICKET DATE 07/11/05
MBU ID / EMPL # MCIL 0110 / 198516	H.E.S. EMPLOYEE NAME JASON CLEMENS	BDA / STA MC/KS	COUNTY FINNEY
LOCATION LIBERAL	COMPANY BP AMERICA	PSL DEPARTMENT Cement	CUSTOMER REP / PHONE 307 ANDREW PHILLIPS 806-323-2407
TICKET AMOUNT \$10,441.70	WELL TYPE 01 Oil	API/UMI #	
WELL LOCATION GARDEN CITY	DEPARTMENT ZI	SAP BOMB NUMBER 7521	Cement Surface Casing
LEASE NAME JJ MEYER	Well No. 2 3HI	SEC / TWP / RNG 11 - 23S - 33W	HES FACILITY (CLOSEST TO WELL SITE) LIBERAL, KS

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS	HRS
Clemens, A 198516	2.0			
Martin, J 317927	2.0			
Beasley, J 299920	2.0			
Chavez, I 340270				

H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10547690	160			
10251403	160			
10011392-10011591	80			

RECEIVED
NOV 28 2005
KCC WICHITA

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
	7/11/2005	7/11/2005	7/11/2005	7/11/2005
Time	0700	1100	1219	1250

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

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	NEW	24#	8 5/8		0	360	
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole			12 1/4				Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials	Density	Lb/Gal
Mud Type		
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		
Other		

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
7/11		7/11	1.0	Cement Surface Casing
Total	2.0	Total	1.0	

Ordered	Hydraulic Horsepower Avail.	Used
Treating	Average Rates in BPM Disp.	Overall
Feet 43	Cement Left in Pipe Reason	SHOE JOINT

Stage	Sacks	Cement	Bulk/Sks	Additives	W/Rq.	Yield	Lbs/Gal
1	275	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-)	MAXIMUM	Load & Bkdn: Gal - BBI	Pad:Bbl -Gal
Cmt Rtrn#Bbl	Actual TOC	Excess /Return BBI	Calc.Disp Bbl
Average	Frac. Gradient	Calc. TOC:	Actual Disp.
Shut In: Instant	5 Min. 15 Min	Treatment: Gal - BBI	Disp:Bbl
		Cement Slurry BBI	
		Total Volume BBI	

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

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE _____ SIGNATURE _____

