

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. _____

7/13/05 7/15/05 9/12/05
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API NO. 15- 055-21877-0000

County FINNEY

 - NW - NW - SW Sec. 09 Twp. 23S S. R. 33W E W

2310' S Feet from S/N (circle one) Line of Section

300' 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 MILHON C Well # 2HI

Field Name HUGOTON

Producing Formation CHASE

Elevation: Ground 2885 Kelley Bushing 2891

Total Depth 2816 Plug Back Total Depth _____

Amount of Surface Pipe Set and Cemented at 413 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

(Data must be collected from the Reserve Pit) AH II NOK
9-9-08

Chloride content 8000 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.

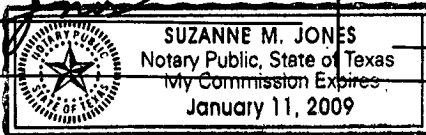
Signature [Signature]

Title REGULATORY STAFF ASSISTANT Date 8/05/05

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 MILHON C

Well # 2HI

Sec. 09 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.) <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	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Herrington</td> <td>2534</td> <td>KB</td> </tr> <tr> <td>Chase</td> <td>N/A</td> <td></td> </tr> </table>	Name	Top	Datum	Herrington	2534	KB	Chase	N/A	
Name	Top	Datum								
Herrington	2534	KB								
Chase	N/A									

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#	413'	HLC PP	275	2%CC:1/4#FLOC
PRODUCTION	7 7/8"	5 1/2"	14#	2816'	HLC G	640	1/4# FLOCELE

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> 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	2540 - 2550	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
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Date of First, Resumed Production, SWD or Enhr. 9/12/2005	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	0	123.62 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) _____

REGION Central Operations	COUNTRY Continent/USA	BDA / ST MC/K	COUNTY FINNEY
MBU ID / EMPL # MCLI0101 106036	W.E.S. EMPLOYEE NAME Bob Smith	PSL DEPARTMENT Cement	
LOCATION LIBERAL	COMPANY BP AMERICA	CUSTOMER REP / PHONE ANDREW PHILLIPS 806-323-2407	
TICKET AMOUNT \$12,945.64	WELL TYPE 01 Oil	API/UMI #	
WELL LOCATION Garden City, ks	DEPARTMENT Cement	SAP BOMB NUMBER 7523	Cement Production Casing
LEASE NAME MILHON	Well No. C-2HI	SEC / TWP / RNG 9 - 23S - 33W	HES FACILITY (CLOSEST TO WELL SITE) Liberal Ks

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS	HRS
Smith, B 106036	8.0			
Green, S 301261	8.0			
Berumen, E 267804	8.0			
Chavez, E 324693	8.0			

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H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10547695	170			
10251401	170			
10010752/10011276	85			
10244148/10011278	85			

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
	7/14/2005	7/14/2005	7/15/2005	7/15/2005
Time	1600	1900	0001	0100

Tools and Accessories

Type and Size	Qty	Make
Float Collar 5 1/2		Howco
ifs Shoe 5 1/2	1	Howco
Centralizers 5 1/2	6	Howco
Top Plug 5 1/2	1	Howco
HEAD 5 1/2	1	Howco
Limit clamp 5 1/2	1	Howco
Weld-A 5 1/2	1	Howco
Guide Shoe 5 1/2		Howco
BTM PLUG 5 1/2		Howco

Well Data

New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	14#	5 1/2		0	2,816	
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole		7 7/8				Shots/Ft.
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	
Perpac Balls	Qty.	
Other		
Other		
Other		
Other		

Hours On Location	Operating Hours	Description of Job
Date	Date	
7/14	7/15	Cement Production Casing
5.0	1.0	
7/15		
3.0		
Total	Total	
8.0	1.0	

Ordered _____ Hydraulic Horsepower _____
 Avail. _____ Used _____
 Treating _____ Average Rates in BPM _____
 Disp. _____ Overall _____
 Feet 0 _____ Cement Left in Pipe _____
 Reason _____ SHOE JOINT

Cement Data

Stage	Sacks	Cement	Bulk/Sks	Additives	W/Rq.	Yield	Lbs/Gal
1	640	HLC G		1/4# FLOCELE	9.03	1.72	13.00
2							
3							
4				DO NOT LOAD PLUG IN THE HEAD TILL CO. MAN CAN WITNESS			

Summary

Circulating Breakdown	Displacement	Preflush:	BBI	40.00	Type:	water
Lost Returns	MAXIMUM	Load & Bkdn:	Gal - BBI	88	Pad:Bbl - Gal	
Cmt Rtrn#Bbl	Actual TOC	Excess /Return	BBI	surface	Calc. Disp Bbl	87
Average	Frac. Gradient	Calc. TOC:			Actual Disp.	87
Shut In: Instant	5 Min. _____ 15 Min. _____	Treatment:	Gal - BBI	198.0	Disp:Bbl	
		Cement Slurry	BBI			
		Total Volume	BBI	303.00		

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

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE _____
 SIGNATURE _____

HALLIBURTON JOB SUMMARY

REGION NORTH AMERICA LAND	COUNTRY USA	BDA / STATE MC /	COUNTY FINNEY
MBU ID / EMPL # MCLI0104 212723	EMPLOYEE NAME JERRAKO EVANS	PSL DEPARTMENT ZI / CEMENT	
LOCATION LIBERAL	COMPANY BP AMERICA	CUSTOMER REP / PHONE ANDREW PHILLIPS 806-323-2407	
TICKET AMOUNT \$10,468.10	WELL TYPE GAS	API/WI #	
WELL LOCATION GARDEN CITY, KS	DEPARTMENT CEMENT	SAP BOMB NUMBER 7521	Description Cement Surface Casing
LEASE NAME MILHON	Well No. 2432791 C-2HI	SEC / TWP / RNG 9 - 23S - 33W	HES FACILITY (CLOSEST TO WELL SITE) LIBERAL

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HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS	HRS
Evans, J 212723	4.5			
Buttry, C 317429	4.5			
Baray, V 242219	3.0			

H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10415642	170			
10219237	170			
10011406-10011277	170			

Form. Name _____ Type: _____
 Form. Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Retainer Depth _____ Total Depth **360**

Date	Called Out	On Location	Job Started	Job Completed
	7/13/2005	7/13/2005	7/13/2005	7/13/2005
Time	1200	1600	1830	1930

Tools and Accessories

Type and Size	Qty	Make
Float Collar TROPHY SEAT	1	H
Float Shoe		
Centralizers S-4	6	A
Top Plug HWE	1	
HEAD PC	1	L
Limit clamp	1	
Weld-A	1	C
Guide Shoe TT	1	
BTM PLUG		O

Well Data

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing		24#	8 5/8		KB	413	
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole			12 1/4			413	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			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
7/13	3.5	7/13	7.0	Cement Surface Casing
Total	3.5	Total	7.0	

Ordered	Hydraulic Horsepower Avail.	Used
Treating	Average Rates in BPM Disp.	Overall
Feet 44	Cement Left in Pipe Reason	SHOE JOINT

Cement Data

Stage	Sacks	Cement	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-YES	MAXIMUM	Load & Bkdn: Gal - BBI	Pad:Bbl -Gal
Cmt Rtn#Bbl	Actual TOC	Excess /Return BBI	Calc. Disp Bbl
Average	Frac. Gradient	Treatment: Gal - BBI	Actual Disp.
Shut In: Instant	5 Min. 15 Min.	Cement Slurry: BBI	Disp:Bbl
		Total Volume BBI	23
			66.0

Frac Ring #1 | Frac Ring #2 | Frac Ring #3 | Frac Ring #4

THE INFORMATION STATED HEREIN IS CORRECT

CUSTOMER REPRESENTATIVE *[Signature]* SIGNATURE

