

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: _____

API NO. 15- 055-21866-0000
County FINNEY
NE - NE - SE - SW Sec. 12 Twp. 23S S. R. 33W E W
1250' S Feet from S/N (circle one) Line of Section
2615' W Feet from EW (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name FRIESEN G.U. Well # 2HI

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Field Name HUGOTON
Producing Formation HERRINGTON
Elevation: Ground 2861 Kelley Bushing 2867
Total Depth 2812 Plug Back Total Depth _____
Amount of Surface Pipe Set and Cemented at 367 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.

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. _____
7/03/05 7/05/05 9/2/05
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

Drilling Fluid Management Plan Alt II MR
(Data must be collected from the Reserve Pit) 9-9-08
Chloride content xxx ppm Fluid volume xxx 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,
20 05.
Notary Public [Signature]
Date Commission Expires 1-11-2009



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

Operator Name BP AMERICA PRODUCTION COMPANY

Lease Name FRIESEN G.U.

Well # 2HI

Sec. 12 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:

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums		<input type="checkbox"/> Sample
Name	Top	Datum	
HERRINGTON	2536	KB	
CHASE	N/A		

COMPENSATED SPECTRAL NATURAL GAMMA

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
<u>SURFACE</u>	<u>12 1/4"</u>	<u>8 5/8"</u>	<u>24#</u>	<u>367'</u>	<u>HLC PP</u>	<u>255</u>	<u>2%CC:1/4#FLOC</u>
<u>PRODUCTION</u>	<u>7 7/8"</u>	<u>5 1/2"</u>	<u>14#</u>	<u>2820'</u>	<u>HLC PP</u>	<u>500</u>	<u>1/4# FLOCELE</u>

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
<u>3</u>	<u>2530 - 2540</u>	<u>FRAC - W/25,000# 20/40 BRADY SAND</u>	
		<u>74,500 GALS WATER</u>	

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First, Resumed Production, SWD or Enhr. 9/2/2005 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	<u>0</u>	<u>100.56</u>	<u>0</u>		

Disposition of Gas: Vented Sold Used on Lease Open Hole Perforation Dually Comp. Commingled
 (If vented, submit ACO-18.) Other (Specify) _____

HALLIBURTON JOB SUMMARY

REGION NORTH AMERICA LAND		ANNA CTRY Central / USA		SALES ORDER NUMBER 3806201		DATE 07/03/05	
MRU ID / EMPL # MCL0104		N.E.S EMPLOYEE NAME CHESTER OLIPHANT		BDA / STATE MC / KS		COUNTY FINNEY	
LOCATION LIBERAL		COMPANY BP AMERICA		PSL DEPARTMENT ZI / CEMENT		CUSTOMER REP / PHONE ANDREW PHILLIPS 806-323-2407	
TICKET AMOUNT \$9,019.81		WELL TYPE GAS		API/WW #			
WELL LOCATION GARDEN CITY KS		DEPARTMENT CEMENT		SAP BOMB NUMBER 7521		Description Cement Surface Casing	
LEASE NAME FRIESE 2432778		Well No. 2HI		SEC / TWP / RNG 12 - 23S - 33W		N.E.S FACILITY (CLOSEST TO WELL SITE) LIBERAL	

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HES EMP NAME / EMP # / (EXPOSURE HOURS)	HR	HR	HR	HR
OLIPHANT C 243055	4.0			
BEASLEY J 299920	4.0			
CAMPBELL R 333696	4.0			

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H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10415642	160			
10589601	160			
10011406-10011277	80			

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
	7/3/2005	7/3/2005	7/3/2005	7/3/2005
Time	1000	1320	1600	1700

Tools and Accessories

Type and Size	Qty	Make
Float Collar TROPHY SEAL	1	H
Float Shoe		
Centralizers SERIES 41	6	O
Top Plug HWE	1	
HEAD QL	1	W
Limit clamp	1	
Weld-A	1	C
Guide Shoe TIGER	1	
BTM PLUG		O

Well Data

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New/Used	24#	8 5/8		KB	367	
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		
Perpac Balls	Qty.		
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
7/3	4.0	7/3	1.0	Cement Surface Casing
Total	4.0	Total	1.0	

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

Cement Data

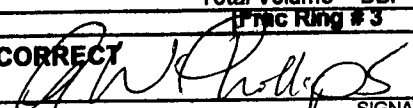
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	255	PREM PLUS	2% CC - 1/4# FLOCELE	6.30	1.34	14.80
2						
3						
4			LOAD PLUG ON LOCATION LET CO. MAN WITNESS			

Summary

Circulating Breakdown	Displacement	Preflush: BBI	5.00	Type: WATER
Lost Returns-YES	MAXIMUM	Load & Bkdn: Gal - BBI		Pad:Bbl -Gal
Cmt Rtrn#Bbl	Actual TOC	Excess /Return BBI		Calc.Disp Bbl
Average	Frac. Gradient	Calc. TOC:	0	Actual Disp.
Shut In: Instant	5 Min. 15 Min.	Treatment: Gal - BBI	61.0	Disp:Bbl
		Cement Slurry: BBI		
		Total Volume BBI	88	

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

THE INFORMATION STATED HEREIN IS CORRECT

CUSTOMER REPRESENTATIVE  SIGNATURE

HALLIBURTON JOB SUMMARY

3807685

07/04/05

REGION Central Operations	NWA / COUNTRY Midcontinent/USA	BDA / STATE MC/Ks	COUNTY FINNEY
WBU ID / EMPL # MCIL 0110 / 198516	H.E.S. EMPLOYEE NAME JASON CLEMENS	PSL DEPARTMENT Cement	
LOCATION LIBERAL	COMPANY BP AMERICA	CUSTOMER REP / PHONE 307 ANDREW PHILLIPS 806-323-2407	
TICKET AMOUNT \$9,184.14	WELL TYPE 02 Gas	API/UM #	
WELL LOCATION GARDEN CITY	DEPARTMENT ZI	SAP BOMB NUMBER 7523	Cement Production Casing
LEASE NAME FRIESEN	Well No. 2 2HI	HES FACILITY (CLOSEST TO WELL SITE) LIBERAL, KS	
	SEC / TWP / RNG 12 - 23S - 33W		

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HR	HR	HR	HR
Clemens, A 198516	0.0	Campbell, R 333698	0.0	
Martin, J 317927	0.0			
Chavez, E 3478815	0.0			
Stangl, T 333480	0.0			

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H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10547690	160			
10251403	160			
10011406-10011277	80			
10010752-10011590	80			

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
	7/4/2005	7/4/2005	7/5/2005	7/5/2005
Time	1500	1900	0229	0332

Tools and Accessories

Type and Size	Qty	Make
Float Collar		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	IFS 1	C
BTM PLUG		O

Well Data

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	NEW	14#	5 1/2		0	2,920	
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	
Perfpac Balls	Qty.	
Other		
Other		
Other		
Other		

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
7/4	5.0	7/5	1.0	Cement Production Casing
7/5	3.5			
Total	8.5	Total	1.0	

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/Rq.	Yield	Lbs/Gal
1	500	HLC PP		1/4# FLOCELE	10.98	2.00	12.30
2							
3							
4				DO NOT LOAD PLUG IN THE HEAD TILL CO. MAN CAN WITNESS			

Summary

Circulating	Displacement	Preflush:	BBI	10.00	Type:
Breakdown	MAXIMUM	Load & Bkdn:	Gal - BBI		Pad:Bbl -Gal
Lost Returns-	Lost Returns-	Excess /Return	BBI	47	Calc.Disp Bbl
Cmt Rtrn#Bbl	Actual TOC	Calc. TOC:			Actual Disp.
Average	Frac. Gradient	Treatment:	Gal - BBI		Disp:Bbl
Shut In: Instant	5 Min. _____ 15 Min. _____	Cement Slurry	BBI	178.0	
		Total Volume	BBI	255.00	

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

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE _____ *Dennis McBeth* SIGNATURE

HALLIBURTON JOB LOG				TICKET # 3807685	TICKET DATE 07/04/05
REGION Central Operations		NWA / COUNTRY Mid Continent/USA		BDA / STATE MC/Ks	COUNTY FINNEY
WBU ID / EMPL # MCIL 0110 / 198516		H.E.S EMPLOYEE NAME JASON CLEMENS		PSL DEPARTMENT Cement	
LOCATION LIBERAL		COMPANY BP AMERICA		CUSTOMER REP / PHONE ANDREW PHILLIPS 806-323-2407	
TICKET AMOUNT \$9,184.14		WELL TYPE 02 Gas		API/UMI #	
WELL LOCATION GARDEN CITY		DEPARTMENT ZI		JOB PURPOSE CODE Cement Production Casing	
LEASE NAME FRIESEN		Well No. 2HI	SEC / TWP / RNG 12 - 23S - 33W		HES FACILITY (CLOSEST TO WELL S) 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
Clemens, A 198516	0	Campbell, R 333696	0				
Martin, J 317927	0						
Chavez, E 3478815	0						
Stangl, T 333480	0						

Chart No.	Time	Rate (BPM)	Volume (BBL)(GAL)	Rate		Press.(PSI)		Job Description / Remarks
				N2	CSG.	CSG.	Tbg	
7-4	1500							CALLLED FOR JOB
	1900							ARRIVE ON LOCATION
	1915							PRE-JOB SAFTEY MEETING
	1930							SPOT EQUIPTMENT
	2045							WAIT ON CENTRLIZERS /// HOT SHOT
	2340							START CASING
7-5	0200							CASING ON BOTTOM, CIRCULATE W/ RIG
	0229					2500		PRESSURE TEST
	0231	6.0	0-10			250		START H2O SPACER
	0233	6.0	0-178			250		START CEMENT 500 SKS (HLC PP) MIXED @ 12.3#
	0320	6.0	178.0			200		END CEMENT
	0320							WASH LINES /// DROP PLUG
	0307	6.0	0-67			200		START DISPLACEMENT
	0307	6.0	5.0			200		CAUGHT CEMENT
	0317	2.0	57.0			650		SLOW RATE
	0322	2.0	67.0			1300		LAND PLUG /// FLOAT HELD
	0332							END JOB
						700		PRESSURE BEFORE LANDING PLUG
								CIRCULATED CEMENT

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