

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 5952

Name: BP AMERICA PRODUCTION COMPANY

Address P. O. BOX 3092, WLL-FM 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. _____

7/25/05 7/27/05 7/27/05

Spud Date or Date Reached TD Completion Date or Recompletion Date

API NO. 15- 093-21762-0000

County KEARNY

NW - NW - SE - SW Sec. 13 Twp. 23S S. R. 36W E W

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

1400' 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 MOLZ ADAM Well # 3

Field Name HUGOTON

Producing Formation COUNCIL GROVE

Elevation: Ground 3123 Kelley Bushing 3129.5

Total Depth 2971 Plug Back Total Depth _____

Amount of Surface Pipe Set and Cemented at 233 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 2972

feet depth to 0 w/ 129 sx cm.

Drilling Fluid Management Plan ATZ-016-11/3/08
(Data must be collected from the Reserve Pit)

Chloride content 38,000 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 11/23/05

Subscribed and sworn to before me this 9th day of January 20 06

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

✓

X

Operator Name BP AMERICA PRODUCTION COMPANY Lease Name MOLZ ADAM Well # 3

Sec. 13 Twp. 23S S.R. 36W 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

COUNCIL GROVE 2806 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
<u>SURFACE</u>	<u>12 1/4"</u>	<u>8 5/8"</u>	<u>24#</u>	<u>233'</u>	<u>Prem. Plus</u>	<u>185</u>	<u>2%CC; 1/4#FLOC</u>
<u>PRODUCTION</u>	<u>7 7/8"</u>	<u>5 1/2"</u>	<u>15.5#</u>	<u>2972'</u>	<u>HLC PP</u>	<u>555</u>	<u>1/2# 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>4</u>	<u>2830-2850</u>	<u>FRAC - W/150,000# 16/30 BRADY SAND</u>	
		<u>70Q N2</u>	

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First, Resumed Production, SWD or Enhr. 10/03/05 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>56 MCFD</u>	<u>0</u>		

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

SALES ORDER NUMBER 416	TICKET DATE 07/27/05
BDA / STATE MC / KS	COUNTY KEARNY
PSL DEPARTMENT ZI / CEMENT	
CUSTOMER REP / PHONE ANDREW PHILLIPS 806-323-2407	
APIUM #	
SAP BOMB NUMBER 7523	Description Cement Production Casing
HES FACILITY (CLOSEST TO WELL SITE) LIBERAL	

REGION NORTH AMERICA LAND	COUNTRY Central / USA
MBU ID / EMPL # MCL10104 212723	H.E.S. EMPLOYEE NAME JERRAKO EVANS
LOCATION LIBERAL	COMPANY BP AMERICA 307866
TICKET AMOUNT \$12,540.04	WELL TYPE GAS
WELL LOCATION LAKIN, KS	DEPARTMENT CEMENT
LEASE NAME ADAM MOLZ	Well No. 3
2432801	SEC / TWP / RNG 13 - 23S - 36W

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS	HRS
Evans, J 212723	14.0			
Archuleta, M 226383	14.0			
Albright, J 326347	14.0			
Berumer, E 267804	14.0			

H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10415842	200			
10219237	200			
10240236-10011590	100			
10011406-10011591	100			

Form. Name _____ Type: _____
 Form. Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Retainer Depth _____ Total Depth **2970**

Date	Called Out	On Location	Job Started	Job Completed
	11/26/2005	7/27/2005	7/27/2005	7/27/2005
Time	2300	0300	1515	1630

Tools and Accessories

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

Well Data

New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	15.5	5 1/2		KB	2,972	
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole		7 7/8			2,972	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	
Perpac Balls	Qty.	
Other		
Other		
Other		
Other		

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
7/27	14.0	7/27	18.0	Cement Production Casing
Total	14.0	Total	18.0	

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


Cement Data

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	565	HLC PP	1/2# FLOCELE	11.45	2.04	12.30
2						
3						
4			DO NOT LOAD PLUG IN THE HEAD TILL CO. MAN CAN 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. 71
Shut In: Instant	Frac. Gradient	Treatment: Gal - BBI	Disp: Bbl
	5 Min. _____ 15 Min. _____	Cement Slurry: BBI	
		Total Volume BBI	202.0

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

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE _____

 SIGNATURE

