

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 5952

Name: BP AMERICA PRODUCTION COMPANY

Address P. O. BOX 3092, W11-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. _____

8/08/05 8/10/05 8/10/05

Spud Date or Date Reached TD Completion Date or Recompletion Date

API NO. 15- 093-21764-0000

County KEARNY

NW - NW - SE - SE Sec. 3 Twp. 24S S. R. 38W E W

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

1250' E Feet from E/W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name ROHLMAN "B" Well # 3HI

Field Name HUGOTON

Producing Formation KINDER/WINFIELD/TOWANDA

Elevation: Ground 3292 Kelley Bushing 3298

Total Depth 2850 Plug Back Total Depth _____

Amount of Surface Pipe Set and Cemented at 278 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 2850

feet depth to 0 w/ 525 sx cmt.

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

Chloride content 24,000 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.

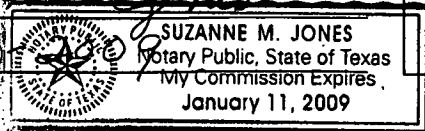
Signature Debra Senger

Title REGULATORY STAFF ASSISTANT Date 11/23/05

Subscribed and sworn to before me this 9th day of January, 2006.

Notary Public Suzanne M. Jones

Date Commission Expires 1-11-09



KCC Office Use ONLY

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 ROHLMAN "B"

Well # 3HI

Sec. 3 Twp. 24S S.R. 38W 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

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums		<input type="checkbox"/> Sample
Name	Top	Datum	
K/W/T	2542	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#	278	Prem. Plus	220	2%CC:1/4#FLOC
PRODUCTION	7 7/8"	5 1/2"	15.5#	2850	HLC PP	525	1/2# 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
1-2-2	2548-2558	FRAC - W/106,000# 12/20 BRADY SAND	
1-2-2	2590-2600	30,000 gals x-link gel	
1-2-2	2654-2664		

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First, Resumed Production, SWD or Enhr. 10/ /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	0	/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) _____

