

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 5952

API NO. 15- 093-21765-0000

Name: BP AMERICA PRODUCTION COMPANY

County KEARNY

Address P. O. BOX 3092, WLL-RM 3.201

NW - NW - SE - NE Sec. 23 Twp. 23S S. R. 38W E W

City/State/Zip HOUSTON, TX 77253-3092

1350' N Feet from S/N (circle one) Line of Section

Purchaser: KANSAS CORPORATION COMMISSION

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

Operator Contact Person: DEANN SMYERS **OCT 24 2008**

Footages Calculated from Nearest Outside Section Corner:

Phone (281) 366-4395

(circle one) NE SE NW SW

Contractor: Name: CHEYENNE DRILLING LP **CONSERVATION DIVISION WICHITA, KS.**

Lease Name GAEDDERT Well # 2HI

License: 33375

Field Name HUGOTON

Wellsite Geologist: _____

Producing Formation KINDER/WINFIELD/TOWANDA

Designate Type of Completion

Elevation: Ground 3337 Kelley Bushing 3343

New Well Re-Entry Workover

Total Depth 2864 Plug Back Total Depth _____

Oil SWD SIOW Temp. Abd.

Amount of Surface Pipe Set and Cemented at 412 Feet

Gas ENHR SIGW

Multiple Stage Cementing Collar Used? Yes No

Dry Other (Core, WSW, Expl., Cathodic, etc.)

If yes, show depth set _____ Feet

If Workover/Reentry: Old Well Info as follows:

If Alternate II completion, cement circulated from 2869

Operator: _____

feet depth to 0 w/ 152 sx cmt.

Well Name: _____

Drilling Fluid Management Plan MP-2-Dlg-11/3/08
(Data must be collected from the Reserve Pit)

Original Comp. Date _____ Original Total Depth _____

Chloride content 32,000 MG/LTR ppm Fluid volume 800 bbls

Deepening Re-perf. Conv. to Enhr./SWD

Dewatering method used DRIED AND FILLED

Plug Back Plug Back Total Depth _____

Location of fluid disposal if hauled offsite:

Commingled Docket No. _____

Operator Name _____

Dual Completion Docket No. _____

Lease Name _____ License No. _____

Other (SWD or Enhr?) Docket No. _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ E W

8/04/05 8/07/05 8/07/05

Spud Date or Date Reached TD Completion Date or

Recompletion Date Recompletion Date

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 Deann Smyers

Title REGULATORY STAFF ASSISTANT Date 12/04/05

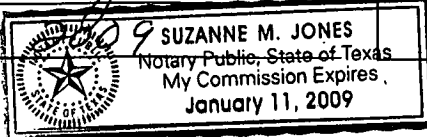
Subscribed and sworn to before me this 9th day of January

20 06

Notary Public Suzanne M. Jones

Date Commission Expires 1-11-2009

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



Operator Name BP AMERICA PRODUCTION COMPANY

Lease Name GAEDDERT

Well # 2HI

Sec. 23 Twp. 23S 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:

Log Formation (Top), Depth and Datums Sample

Name	Top	Datum
K/W/T	2600	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>412</u>	<u>Prem. Plus</u>	<u>350</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>2869</u>	<u>HLC PP</u>	<u>515</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>1-2-2</u>	<u>2620-2640</u>	<u>FRAC - W/84,000# 12/20 BRADY SAND</u>	
<u>1-2-2</u>	<u>2650-2660</u>	<u>30,000 gals x-link gel</u>	
<u>1-2-2</u>	<u>2712-2722</u>		

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First, Resumed Production, SWD or Enhr. 10/18/05 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>275.95 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

REGION Central Operations		COUNTRY Mid Continent/USA		SALES ORDER NUMBER 2045374	TICKET DATE 08/04/05
WBU ID / EMPL # MCLO103 106304		M.E.S. EMPLOYEE NAME DAN WILLE #225409		BDA / STA MC/Ks	COUNTY KEARNEY
LOCATION LIBERAL		COMPANY BP AMERICA		PSL DEPARTMENT Cement	
TICKET AMOUNT \$11,786.33		WELL TYPE 02 Gas		CUSTOMER REP / PHONE ANDREW PHILLIPS 806-323-2407	
WELL LOCATION LAND NW OF LANKIN, KS		DEPARTMENT CEMENT		SAP BOMB NUMBER 7521	
LEASE NAME GAEDDERT		Well No. 2HI		SEC / TWP / RNG 23-23S-38W	
				HES FACILITY (CLOSEST TO WELL SITE) Liberal Ks.	

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS	HRS
Wille D. 225409	3.0			
Martin J 317927	3.0			
Chavez I. 324693	3.0			

H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10010749-10010921	210			
10243558-10011591	105			

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
	8/4/2005	8/4/2005	8/4/2005	8/4/2005
Time	1100	1500	1707	1748

Tools and Accessories

Type and Size	Qty	Make
Float Collar		
Float Shoe		
Centralizers		
Top Plug HWE	1	HALCO
HEAD DO563	1	HALCO
Limit clamp		
Weld-A		
Guide Shoe		
BTM PLUG		

Well Data

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	NEW	24#	8 5/8		0	412	
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole			12 1/4				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	In
Perfpac Balls	Qty.	
Other		
Other		
Other		
Other		
Other		

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
8/4				Cement Surface Casing
Total		Total		

Hydraulic Horsepower

Ordered _____ Avail. _____ Used _____

Average Rates in BPM

Treating _____ Disp. _____ Overall _____

Cement Left in Pipe

Feet **45** Reason **SHOE JOINT**

Cement Data

Stage	Sacks	Cement	Bulk/Sks	Additives	W/Rq.	Yield	Lbs/Gal
1	350	PREM PLUS		2% CC - 1/4# FLOCELE	6.30	1.34	14.80
2							
3							
4							

Summary

Circulating _____	Displacement _____	Preflush: BBI	Type: _____
Breakdown _____	MAXIMUM _____	Load & Bkdn: Gal - BBI	Pad: Bbl - Gal
Lost Returns- y _____	Lost Returns- f _____	Excess /Return BBI	Calc. Disp Bbl
Cmt Rtrn# Bbl _____	Actual TOC _____	Calc. TOC: _____	Actual Disp. 23
Average _____	Frac. Gradient _____	Treatment: Gal - BBI	Disp: Bbl
Shut In: Instant _____	5 Min. _____ 15 Min. _____	Cement Slurry BBI	
		Total Volume BBI	106.91

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

THE INFORMATION STATED HEREIN IS CORRECT

CUSTOMER REPRESENTATIVE _____

Signature: *[Handwritten Signature]*

HALLIBURTON JOB SUMMARY

REGION Central Operations		NWA COUNTRY Mid Continent/USA		SALES ORDER NUMBER 3869397		TICKET DATE 08/07/05	
MBU ID / EMPL # MCIL 0110 / 195811		H.E.S. EMPLOYEE NAME MERSHEK WILTSHIRE		BDA / STATE MC/KS		COUNTY KEARNY	
LOCATION LIBERAL		COMPANY BP AMERICA 307666		PSL DEPARTMENT Cement		CUSTOMER REP / PHONE ANDREW PHILLIPS 806-323-2407	
TICKET AMOUNT \$12,086.64		WELL TYPE 02 Gas		API/UMI #		SAP BOMB NUMBER 7523	
WELL LOCATION LAKIN, KS		DEPARTMENT ZI		HES FACILITY (CLOSEST TO WELL SITE) LIBERAL, KS		Cement Production Casing	
LEASE NAME GAEDDERT		Well No. 2HI		SEC / TWP / RNG 23 - 23S - 38W			

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS	HRS
Wiltshire, M 195811	10.0			
Chavez, E 3478816	10.0			
Baray, V 242219	10.0			
Andre, N	10.0			

H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10547690	210			
10251403	210			
10010749-10011272	105			
10011406-10011591	105			

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
	8/7/2005	8/7/2005	8/7/2005	8/7/2005
Time	0200	0700	1528	1632

Tools and Accessories

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

Well Data

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	NEW	15.5	5 1/2		0	2,869	
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole			7 7/8				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	In
Perfpac Balls	Qty.	
Other		
Other		
Other		
Other		
Other		

Hours On Location

Date	Hours	Date	Hours
8/7	9.5	8/7	1.0
Total	9.5	Total	1.0

Description of Job
 Cement Production Casing

Ordered	Hydraulic Horsepower Avail.	Used
Treating	Average Rates in BPM Disp.	Overall
Feet	Cement Left in Pipe Reason	NO SHOE JOINT

Cement Data

Stage	Sacks	Cement	Bulk/Sks	Additives	W/Rq.	Yield	Lbs/Gal
1	515	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	Displacement	Preflush: BBI	5.00	Type: WATER
Breakdown	MAXIMUM	Load & Bkdn: Gal - BBI		Pad: Bbl - Gal
Lost Returns	Lost Returns	Excess /Return BBI		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	187.0	
		Total Volume BBI	260.00	

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

THE INFORMATION STATED HEREIN IS CORRECT

CUSTOMER REPRESENTATIVE *Andrew Phillips* *8/7/05* SIGNATURE

