

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 5952

Name: BP AMERICA PRODUCTION COMPANY

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

8/02/05 8/03/05 8/04/05

Spud Date or Date Reached TD Completion Date or Recompletion Date

API NO. 15- 093-21767-0000

County KEARNY

SE - SE - NW - NW Sec. 12 Twp. 23S S. R. 37W E W

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

1250' 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 FINKLESTEIN Well # 3HI

Field Name HUGOTON

Producing Formation KINDER/WINFIELD/TOWANDA

Elevation: Ground 3235 Kelley Bushing 3241

Total Depth 2892 Plug Back Total Depth _____

Amount of Surface Pipe Set and Cemented at 323 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 2898

feet depth to 0 w/ 530 sx cmt.

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

Chloride content 26,000 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 Deann Smyers

Title REGULATORY STAFF ASSISTANT Date 12/02/05

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

Notary Public Suzanne M. Jones

Date Commission Expires 1-11-



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 FINKLESTEIN, F.M.

Well # 3HI

Sec. 12 Twp. 23S S.R. 37W 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	
KWT	2572	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#	325	Prem. Plus	240	2%CC; 1/4#FLOC
PRODUCTION	7 7/8"	5 1/2"	15.5#	2898	HLC PP	530	1/2# FLOCELE

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			
_____ Perforate					
_____ Protect Casing					
_____ Plug Back TD					
_____ 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	2586-2596	FRAC - W/84,000# 12/20 BRADY SAND	
1-2-2	2630-2640	30,000 gal x-link gel	
1-2-2	2686-2696		

TUBING RECORD Size _____ Set At _____ Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SWD or Enhr. 10/06/05 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	0	93.49 MCFD	0		

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

Production Interval _____

HALLIBURTON JOB SUMMARY

REGION NORTH AMERICA LAND		COUNTRY Central / USA		SALES ORDER NUMBER 3865027		TICKET DATE 08/02/05	
NEU ID / EMPL # MCL0104 212723		H.E.S. EMPLOYEE NAME JERRAKO EVANS		BDA / STA MC / KS		COUNTY KEARNEY	
LOCATION LIBERAL		COMPANY BP AMERICA		307666		CUSTOMER REP / PHONE ANDREW PHILLIPS 806-323-2407	
TICKET AMOUNT \$9,896.62		WELL TYPE GAS		PSL DEPARTMENT ZI / CEMENT		API/AMI #	
WELL LOCATION LAKIN, KS		DEPARTMENT CEMENT		SAP BOMB NUMBER 7521		Description Cement Surface Casing	
LEASE NAME F.M. FINKLESTEIN		Well No. 2432804 3HI		SEC / TWP / RING 12 - 23S - 37W		HES FACILITY (CLOSEST TO WELL SITE) LIBERAL	

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HR	HR	HR	HR
Evans, J 212723	2.0			
Buttry, C 317428	2.0			
Ferguson, R 108184	3.0			

H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10415842	200			
10219237	200			
10240236-10240245	100			

Form. Name _____ Type: _____
 Form. Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Retainer Depth _____ Total Depth **280 ft**

Date	Called Out	On Location	Job Started	Job Completed
	8/2/2005	8/2/2005	8/2/2005	8/2/2005
Time	1400	1715	1810	1900

Tools and Accessories

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

Well Data

New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	24#	8 5/8		KB	325	
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole		12 1/4			325	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			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
8/2	2.0	8/2	7.0	Cement Surface Casing
Total	2.0	Total	7.0	

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

Cement Data

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	240	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	Lost Returns-NO	Excess /Return BBI	Calc. Disp Bbl
Average	Actual TOC	Calc. TOC:	Actual Disp.
Shut In: Instant	Frac. Gradient	Treatment: Gal - BBI	Disp:Bbl
	5 Min. _____ 15 Min. _____	Cement Slurry: BBI	
		Total Volume BBI	

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 Central Operations		COUNTRY Mid Continent/USA		SALES ORDER NUMBER 2865572	TICKET DATE 08/03/05
MBU ID / EMPL # MCIL 0110 / 195811		H.E.S. EMPLOYEE NAME MERSHEK WILTSHIRE		BDA / STA MC/KS	COUNTY KEARNY
LOCATION LIBERAL		COMPANY BP AMERICA	307666	PSL DEPARTMENT Cement	
TICKET AMOUNT \$12,156.92		WELL TYPE 02 Gas		CUSTOMER REP / PHONE ANDREW PHILLIPS 806-323-2407	
WELL LOCATION LAKIN, KS		DEPARTMENT ZI		SAP BOMB NUMBER 7523	Cement Production Casing
LEASE NAME F.M. FINKLESTEIN		Well No. 3HI	SEC / TWP / RNG 12 - 23S - 37W	HES FACILITY (CLOSEST TO WELL SITE) LIBERAL, KS	

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS	HRS
Wiltshire, M 195811	15.0			
Chavez, E 347816	15.0			
Olds, R 308196	15.0			
Stangl, T 333480	8.0			

H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10547690	200			
10251403	200			
10243558-10011277	100			
10010752-10011276	100			

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
	8/3/2005	8/3/2005	8/4/2005	8/4/2005
Time	0330	1130	0043	0143

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	2,898	
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	
Perfpac Balls	Qty.	
Other		
Other		
Other		
Other		

Hours On Location

Date	Hours	Date	Hours	Description of Job
8/3	12.5	8/4	1.0	Cement Production Casing
8/4	2.0			
Total	14.5	Total	1.0	

Hydraulic Horsepower

Ordered	Avail.	Used
Treating	Average Rates in BPM	Overall
	Disp.	
Feet 46	Cement Left in Pipe	Reason
		SHOE JOINT

Cement Data

Stage	Sacks	Cement	Bulk/Sks	Additives	W/Rq.	Yield	Lbs/Gal
1	530	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	10.00	Type: WATER
Lost Returns	MAXIMUM	Load & Bkdn: Gal - BBI		Pad: Bbl - Gal
Cmt Rtrn#Bbl	Actual TOC	Excess /Return BBI		Calc. Disp Bbl
Average	Frac. Gradient	Calc. TOC:		Actual Disp.
Shut In: Instant	5 Min. 15 Min	Treatment: Gal - BBI		Disp: Bbl
		Cement Slurry BBI	193.0	
		Total Volume BBI	271.00	

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE _____
 SIGNATURE _____

HALLIBURTON JOB LOG				TICKET # 3865572	TICKET DATE 08/03/05
REGION Central Operations		NWA / COUNTRY Mid Continent/USA		BDA / STATE MC/Ks	COUNTY KEARNY
MBU ID / EMPL # MCIL 0110 / 195811		H.E.S EMPLOYEE NAME MERSHEK WILTSHIRE		PSL DEPARTMENT Cement	
LOCATION LIBERAL		COMPANY BP AMERICA		CUSTOMER REP / PHONE ANDREW PHILLIPS 806-323-2407	
TICKET AMOUNT \$12,156.92		WELL TYPE 02 Gas		API/WT #	
WELL LOCATION LAKIN, KS		DEPARTMENT ZI		JOB PURPOSE CODE Cement Production Casing	
LEASE NAME F.M. FINKLESTEIN		Well No. 3HI	SEC / TRIP / RING 12 - 23S - 37W	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
Wiltshire, M 195811	15						
Chavez, E 3478815	15						
Olds, R 308198	15						
Stangl, T 333480	8						

Chart No.	Time	Rate (GPM)	Volume (bbls)	Rate (GPM)		Press. (PSI)		Job Description / Remarks
				12	12	Case	Top	
	0330							CALLED FOR JOB
	1130							ARRIVE ON LOCATION
	1145							PRE-JOB SAFETY MEETING
	1200							SPOT EQUIPMENT
	2225							START CASING
	0028							CASING ON BOTTOM, CIRCULATE W/ RIG
	0043					2600		PRESSURE TEST
	0044	5.0	0-10			250		START SPACER (WATER)
	0046	6.0	0-193			310		START CEMENT 530 SKS (HLC PP) @ 12.3
	0116	6.5	193.0			190		END CEMENT/// DROP TOP PLUG
	0116	4.5	15.0					WASH PUMP AND LINES
	0122	6.0	0-58			185		START DISPLACEMENT (WATER)
	0125	6.0	20.0			220		DISPLACEMENT CAUGHT CEMENT
	0133	2.0	58-68			680		SLOW RATE
	0137	2.0	68.0			1420		BUMP PLUG/// FLOAT DIDN'T HOLD
	0143							END JOB
						YES		CIRCULATE CEMENT/// 46 BBLs
						690		PRESSURE BEFORE LANDING PLUG
						1100		LEAVE 1100 PSI ON WELL
								CEMENT HEAD LEFT ON LOCATION