

ORIGINAL

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

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: SUE SELLERS
 Phone (281) 366-2052
 Contractor: Name: CHEYENNE DRILLING
 License: 5382
 Wellsite Geologist: _____

API NO. 15- 093-21748-0000
 County KEARNY4
SE - SE - NW - NW Sec. 19 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 BELL Well # 3HI
 Field Name HUGOTON
 Producing Formation CHASE

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc.)

Elevation: Ground 3318' Kelley Bushing 3323'
 Total Depth 2894' Plug Back Total Depth 2894'
 Amount of Surface Pipe Set and Cemented at 940 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.

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. _____
7/19/04 7/20/04 WAIT COMPL
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content 23500 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 Sue Sellers
 Title REGULATORY STAFF ASSISTANT Date 12/1/04
 Subscribed and sworn to before me this 1ST day of DECEMBER,
 20 04.
 Notary Public [Signature]
 Date Commission Expires _____

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

Side Two

Operator Name BP AMERICA PRODUCTION COMPANY Lease Name BELL Well # 3HI

Sec. 19 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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample Name Top Datum CHASE 2612' KB
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List All E.Logs Run:		

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
SURFACE	12 1/4"	8 5/8"	24#	940'	HLC PP	380	3%CC;1/4#FLOC
					PP	150	2%CC;1/4#FLOC
PRODUCTION	7 7/8"	5 1/2"	15.5#	2894'	HLC PP	555	1/4# FLOCELE

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose ____ Perforate ____ Protect Casing ____ Plug Back TD ____ Plug Off Zone	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			

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
4	2670-2680'	FRAC - W/200,000# 16/30 BRADY SAND	2670-2740
	2730-2740'	70Q N2 FOAM	

TUBING RECORD	Size 2 3/8"	Set At 2755'	Packer At NA	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. WAITING COMPLETION		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls. 0	Gas Mcf	Water Bbls. 0	Gas-Oil Ratio Gravity

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) _____