

**ORIGINAL**

**WELL COMPLETION FORM**

**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

*[Handwritten signature]*

Operator: License # 5952  
Name: BP AMERICA PRODUCTION COMPANY  
Address P. O. BOX 3092, WLI-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

API NO. 15- 055-21818-0000  
County FINNEY  
\_\_\_\_ - SE - SE - SW Sec. 11 Twp. 25S S. R. 33W  E  W  
242' S Feet from S/N (circle one) Line of Section  
2379' 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 REEVES GAS UNIT Well # 3<sup>4?</sup>  
Field Name PANOMA

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.)

Producing Formation COUNCIL GROVE  
Elevation: Ground 2888' Kelley Bushing 2893'  
Total Depth 2986' Plug Back Total Depth 2986'  
Amount of Surface Pipe Set and Cemented at 1048' 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 crnt.

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. \_\_\_\_\_  
7/27/04 7/29/04 NOT COMPLETED  
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 24400 ppm Fluid volume 800 bbls  
Dewatering method used \_\_\_\_\_  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name R&L TANK  
Lease Name MORRIS B 1 SWD License No. 8757  
Quarter \_\_\_\_\_ Sec. 19 Twp. 24 S R. 31  E  W  
County FINNEY Docket No. 16-812 (96-930C)

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 12/7/04  
Subscribed and sworn to before me this 7TH 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

Operator Name **BP AMERICA PRODUCTION COMPANY**

Lease Name **REEVES GAS UNIT**

Well # **3 4?**

Sec. **11** Twp. **25S** S.R. **33W**  East  West

County **FINNEY**

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  Yes  No  
(Attach Additional Sheets.)

Samples Sent to Geological Survey  Yes  No

Cores Taken  Yes  No

Electric Log Run  Yes  No  
(Submit Copy.)

List All E.Logs Run:

Log Formation (Top), Depth and Datums  Sample

Name Top Datum

**CHASE KB**

**COUNCIL GROVE KB**

**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
<b>SURFACE</b>	<b>12 1/4"</b>	<b>8 5/8"</b>	<b>24#</b>	<b>1048'</b>	<b>HLC PP</b>	<b>430</b>	<b>3%CC; 1/4#FLOC</b>
					<b>PP</b>	<b>150</b>	<b>2%CC; 1/4#FLOC</b>
<b>PRODUCTION</b>	<b>7 7/8"</b>	<b>5 1/2"</b>	<b>15.5#</b>	<b>2986'</b>	<b>HLC PP</b>	<b>575</b>	<b>1/4# FLOCELE</b>

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
<b>4</b>	<b>2820-2840'</b>	<b>FRAC - W/200,000# 16/30 BRADY SAND</b>	<b>2820-2840</b>
		<b>'70Q N2 FOAM</b>	
		<b>ACID - 15% HCL 500 GALS</b>	<b>2820-2840</b>

TUBING RECORD	Size <b>2 3/8"</b>	Set At	Packer At <b>NA</b>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. <b>NOT COMPLETED YET</b>	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls. <b>0</b>	Gas Mcf	Water Bbls. <b>0</b>	Gas-Oil Ratio	Gravity
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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)