

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

gnd

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: SUE SELLERS

Phone (281) 366-2052

Contractor: Name: CHEYENNE DRILLING

License: 5382

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. _____

10/4/03 10/5/03 10/29/03

Spud Date or _____ Date Reached TD _____ Completion Date or _____
Recompletion Date _____ Recompletion Date _____

API NO. 15- 187-21014-0000

County STANTON

NE - NE - NE Sec. 2 Twp. 29 S. R. 40 E W

330 N Feet from S (circle one) Line of Section

330 E Feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name COLLINGWOOD 'F' Well # 3HI

Field Name HUGOTON

Producing Formation CHASE

Elevation: Ground 3245' Kelley Bushing 3252'

Total Depth 2632' Plug Back Total Depth 2632'

Amount of Surface Pipe Set and Cemented at 688 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.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content 2400 MG/LITTER ppm Fluid volume 700 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

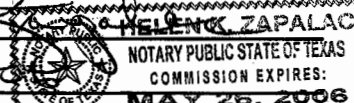
Title REGULATORY STAFF ASSISTANT Date 11/12/03

Subscribed and sworn to before me this 12TH day of NOVEMBER,

20 03

Notary Public HELENEK ZAPALAC

Date Commission Expires 05-26-2006



KCC Office Use ONLY

Letter of Confidentiality Attached
If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

Sec. 2 Twp. 29 S.R. 40 East West

County **STANTON**

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	
CHASE	2294'	KB	
COUNCIL GROVE	2560'	KB	

CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> 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#	688'	HLC PP	185	3%CC 1/4#FLOC
					PREM PLUS	125	2%CC 1/4#FLOC
PRODUCTION	7 7/8"	4 1/2"	10.5#	2632'	HLC PP	520	1/4# 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
4	2312-2322'; 2370-2380'; 2420-2430';	FRAC-200,000# OF 16/30 BRADY SAND	2312-2480
	2470-2480	W/70Q FOAM	

TUBING RECORD Size **2 3/8"** Set At **2495'** Packer At **N/A** Liner Run Yes No

Date of First, Resumed Production, SWD or Enhr. **10/29/03** Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	0	100	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) _____