

COPY

STATE CORPORATION COMMISSION OF KANSAS  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
ACO-1 WELL HISTORY  
DESCRIPTION OF WELL AND 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: \_\_\_\_\_

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: \_\_\_\_\_

Comp. Date \_\_\_\_\_ Old Total Depth \_\_\_\_\_

Deepening \_\_\_\_\_ Re-perf. \_\_\_\_\_ Conv. to Inj/SWD \_\_\_\_\_

Plug Back \_\_\_\_\_ PBTD \_\_\_\_\_

Commingled \_\_\_\_\_ Docket No. \_\_\_\_\_

Dual Completion \_\_\_\_\_ Docket No. \_\_\_\_\_

Other (SWD or Inj?) \_\_\_\_\_ Docket No. \_\_\_\_\_

<u>02-12-03</u>	<u>02-14-03</u>	<u>03/17/03</u>
Spud Date	Date Reached TD	Completion Date

API NO. 15- 175-21889-0000

County SEWARD

Sec. 15 Twp. 31S Rge. 33W  E  W

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

2710 W Feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
NE, SE, NW or SW (circle one)

Lease Name COLLINGWOOD H Well # 3

Producing Formation CHASE

Elevation: Ground 2892' KB 2898'

Total Depth 2758' PBTD 2754'

Amount of Surface Pipe Set and Cemented at 622' 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 All 1 wk 5-14-03  
(Data must be collected from the Reserve Pit)

Chloride content 16,000 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 Rge. \_\_\_\_\_ EW

County \_\_\_\_\_ Docket No. \_\_\_\_\_

RECEIVED  
MAY 12 2003  
KCC WICHITA

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 STAFF ASSISTANT Date 05/07/03

Subscribed and sworn to before me this 7th day of MAY 20 03

Notary Public Ann Thompson

Date Commission Expires 4-30-04



K.C.C. OFFICE USE ONLY		
F	<input checked="" type="checkbox"/>	Letter of Confidentiality Attached
C	<input checked="" type="checkbox"/>	Wireline Log Received
C	<input type="checkbox"/>	Drillers Timelog Received
Distribution		
<input type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep <input type="checkbox"/> NGPA
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug <input type="checkbox"/> Other
(Specify)		

Operator Name BP. AMERICA PRODUCTION COMPANY Lease Name COLLINGWOOD H Well # 3  
 Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Rge. \_\_\_\_\_  East  West  
 County SEWARD

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 log.

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**

Log Formation (Top), Depth and Datums  Sample  
 Name Top Datum  
**CHASE 2618' 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
<b>SURFACE</b>	<b>12 1/4"</b>	<b>8 5/8"</b>	<b>24#</b>	<b>622'</b>	<b>PLITE3%/'C'</b>	<b>160 SXS</b>	<b>2%CC;1/4#FLOC</b>
					<b>PLITE3%/'C'</b>	<b>125 SXS</b>	<b>2%CC;1/4#FLOC</b>
<b>PRODUCTION</b>	<b>7 7/8"</b>	<b>4 1/2"</b>	<b>10.5#</b>	<b>2755'</b>	<b>PLITE3%/'C'</b>	<b>645 SXS</b>	<b>1/4# FLOCELE</b>

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
_____ 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
<b>4</b>	<b>2650-2660'</b>	<b>FRAC-W/43,300# 16/30 BRADY SAND</b>	<b>2650-2660</b>
		<b>&amp; 70Q N2 FOAM</b>	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		<b>2 3/8"</b>	<b>2750'</b>	<b>NA</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj.	Producing Method
<b>3/17/03</b>	<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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
<b>0</b>		<b>530</b>	<b>0</b>		

Disposition of Gas:  Vented  Sold  Used on Lease  Open Hole  Perforation  Dually Comp.  Commingled  
 (If vented, submit ACO-18.)  Other (Specify) \_\_\_\_\_