

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: _____

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: AMOCO PRODUCTION COMPANY/BP AMERICA

Well Name: JANAE, MEGAN
Original Comp. Date 09/04/96 Original Total Depth 5660'
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back 4500' Plug Back Total Depth _____
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr?) Docket No. _____
01/11/02 ~~07/19/96~~ 02/28/02
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API NO. 15- ²¹⁰⁴² 081-20142-0001
County HASKELL
C SE SE Sec. 30 Twp. 30S S. R. 33W E W
660' S Feet from S/N (circle one) Line of Section
710' E Feet from E/W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name JANAE, MEGAN Well # 1-30
Field Name _____
Producing Formation LANSING
Elevation: Ground 2945' Kelley Bushing 2956'
Total Depth 5660' Plug Back Total Depth 4500'
Amount of Surface Pipe Set and Cemented at 1552' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 3265' 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 _____ ppm Fluid volume _____ bbls
Dewatering method used _____
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 STAFF ASSISTANT Date MAY 15, 2003

Subscribed and sworn to before me this 15TH day of MAY, 20 03.

Notary Public HEDEN K. ZAPALAC
NOTARY PUBLIC STATE OF KANSAS
COMMISSION EXPIRES: MAY 26, 2006
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 **JANAE, MEGAN**

Well # **1-30**

Sec. **30** Twp. **30S** S.R. **33W** East West

County **HASKELL**

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, and 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
HEEBNER SHALE	4006'	KB
LANSING	4100'	KB
KS CITY 'A'	4551'	KB

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#	1552'	HL 'C' PP	173 BBL	3%CC;1/4#FLOC
					HL 'C' PP	35 BBL	2%CC;1/4#FLOC
PRODUCTION	7 7/8"	4 1/2"	10.5#	4665'	HL 'C' PP	197 BBL	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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	4490-4500	PREMIUM		10' OF CEMENT SET ON TOP OF CIBP @ 4500'

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	4100-4112' 4124-4128', 4140-4160', 4382-4390'	ACID-W/6200 GALS. OF 15% HCL FE	4100-4390
	CIBP SET @ 4500' TO ISOLATE OFF OLD PERFS		
	OF 4561-4588'; PACKER LEFT IN @ 4619'		
	(RECOMPLETION F/KANSAS CITY 'A' FORMATION)		

TUBING RECORD	Size 2 3/8"	Set At 4408'	Packer At NA	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. 2/28/02	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. 20	Gas Mcf 0	Water Bbls. 230	Gas-Oil Ratio	Gravity
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Disposition of Gas: Vented Sold Used on Lease Open Hole Perforation Dually Comp. Commingled
 (If vented, submit ACO-18.) Other (Specify) _____