

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

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: _____

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. _____

11-4-03 11-06-03 12-19-03

Spud Date or Date Reached TD Completion Date or Recompletion Date

API NO. 15- 093-21742-0000

County KEARNY

SE - NW - SW Sec. 35 Twp. 23 S. R. 36 E W

1700' S Feet from SN (circle one) Line of Section

1250' W Feet from EW (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name BENDER, H. C. GAS UNIT Well # 4

Field Name HUGOTON

Producing Formation CHASE

Elevation: Ground 3151' Kelley Bushing 3158'

Total Depth 2905' Plug Back Total Depth 2905'

Amount of Surface Pipe Set and Cemented at 808 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 ALT I WAM 10-2-06
(Data must be collected from the Reserve Pit)

Chloride content 34500 MG/LTR ppm Fluid volume 775 bbls

Dewatering method used DRIED AND BACKFILLED

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 02/05/04

Subscribed and sworn to before me this 5TH day of FEBRUARY, 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 BENDER, H.C. GAS UNIT Well # 4

Sec. 35 Twp. 23 S.R. 36 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.) 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
<u>CHASE</u>	<u>2580'</u>	<u>KB</u>
<u>COUNCIL GROVE</u>	<u>2838'</u>	<u>KB</u>

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
<u>SURFACE</u>	<u>12 1/4"</u>	<u>8 3/8" 5.675</u>	<u>24#</u>	<u>808'</u>	<u>HLC PP</u>	<u>200</u>	<u>3%CC 1/4#FLO</u>
					<u>PREM PLUS</u>	<u>185</u>	<u>2%CC 1/4#FLO</u>
<u>PRODUCTION</u>	<u>7 7/8"</u>	<u>4 1/2"</u>	<u>10.5#</u>	<u>2905'</u>	<u>HLC PP</u>	<u>625</u>	<u>1/4# FLOCELE</u>

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
<u>4</u>	<u>2590-2600'</u>	<u>FRAC-150,000# OF 16/30 BRADY SAND2</u>	<u>2590-2744</u>
<u>4</u>	<u>2634-2644'</u>	<u>W/70Q FOAM</u>	
<u>4</u>	<u>2690-2700'</u>	<u>ACID - 500 GALS OF 15% HCL</u>	<u>2590-2744</u>
<u>4</u>	<u>2734-2744'</u>		

TUBING RECORD

Size <u>2 3/8"</u>	Set At <u>2759'</u>	Packer At <u>N/A</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. <u>12-19-03</u>	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls. <u>0</u>	Gas Mcf <u>295</u>	Water Bbls. <u>0</u>	Gas-Oil Ratio	Gravity
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Disposition of Gas: Vented Sold Used on Lease Open Hole Perforation Dually Comp. Commingled Other (Specify) _____
 (If vented, submit ACO-18.)

HALLIBURTON JOB SUMMARY

REG ID / N Central Operations	NWA / COUNTRY Mid Contintnt/USA	SALES ORDER NUMBER 2758114	TICKET DATE
MBU ID / EMPL # MCL10110 / 198516	H.E.S. EMPLOYEE NAME Jason Clemens	BDA / STATE MC/Ks	COUNTY KEARNY
LOCATION LIBERAL	COMPANY BP AMERICA	PSL DEPARTMENT Cement	ORIGINAL 800-886-6466
TICKET AMOUNT \$7,301.64	WELL TYPE 02 Gas	CUSTOMER REP / PHONE DAN KISER	
WELL LOCATION LAKIN	DEPARTMENT ZI	SAP BOMB NUMBER 7521	Cement Surface Casing
LEASE NAME H C BENDER "GU"	Well No. 4	SEC / TWP / RNG 35 - 23S - 36W	HES FACILITY (CLOSEST TO WELL SITE) Liberal, Ks

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HES EMP NAME / EMP # / (EXPOSURE HOURS)	HR	HR	HR	HR
Clemens, A 198516	5.5			
King, K 105942	5.5			
Slater, J 106095	5.5			

H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10547690	186			
10251403	186			
10243558/10011277	61			

Form. Name _____ Type: _____
Packer Thickness _____ From _____ To _____
Packer Type _____ Set At _____
Bottom Hole Temp. _____ Pressure _____
Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
	11/4/2003	11/5/2003	11/5/2003	11/5/2003
Time	2100	0100	0434	0515

Tools and Accessories

Type and Size	Qty	Make
Float Collar		H
Float Shoe		O
Centralizers	4	W
Top Plug	1	C
HEAD	1	H O
Limit clamp		O
Weld-A	1	W
Guide Shoe	1	TIGER C
BTM PLUG		O

Well Data

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	N	24#	8 5/8"		0	808	
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole			12 1/4"				Shots/Ft.
Perforations							
Perforations							

Materials

Mud Type	Density	Lb/Gal
Disp. Fluid	Density	Lb/Gal
Prop. Type	Size	Lb
Prop. Type	Size	Lb
Acid Type	Gal.	%
Acid Type	Gal.	%
Surfactant	Gal.	In
NE Agent	Gal.	In
Fluid Loss	Gal/Lb	In
Gelling Agent	Gal/Lb	In
Fric. Red.	Gal/Lb	In
Breaker	Gal/Lb	In
Blocking Agent	Gal/Lb	
Perfpac Balls	Qty.	
Other		
Other		
Other		
Other		

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
11/5	4.5	11/5	1.0	Cement Surface Casing
Total	4.5	Total	1.0	

Ordered	Hydraulic Horsepower Avail.	Used
Treating	Average Rates in BPM Disp.	Overall
Feet 45	Cement Left in Pipe Reason	SHOE JOINT

Cement Data

Stage	Sacks	Cement	Bulk/Sks	Additives	W/Rq.	Yield	Lbs/Gal
1	200	HLC PP		3% CC - 1/4# FLOCELE	11.45	2.07	12.30
2	185	PREM PLUS		2% CC - 1/4# FLOCELE	6.30	1.34	14.80
3							
4							

Summary

Circulating	Displacement	Preflush:	BBI	Type:
Breakdown	MAXIMUM	Load & Bkdn:	Gal - BBI	Pad:Bbl -Gal
Lost Returns-Y	Lost Returns-N	Excess /Return	BBI	Calc.Disp Bbl
Cmt Rtrn#Bbl	Actual TOC	Calc. TOC:		Actual Disp.
Average	Frac. Gradient	Treatment:	Gal - BBI	Disp:Bbl
Shut In: Instant	5 Min.	Cement Slurry	BBI	
	15 Min.	Total Volume	BBI	#VALUE!

Frac Ring #1	Frac Ring # 2	Frac Ring # 3	Frac Ring # 4
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THE INFORMATION STATED HEREIN IS CORRECT
CUSTOMER REPRESENTATIVE

Log Mc
SIGNATURE

HALLIBURTON JOB SUMMARY

SALES ORDER NUMBER 2760552	TICKET DATE 11/06/03	
BDA / STATE MC/Ks	COUNTY KEARNY	
PSL DEPARTMENT Cement	ORIGINAL	
CUSTOMER REP / PHONE DAN KISER		806-886-6166
API/UMI # 093-21742-0000		
SAP BOMB NUMBER 7523	Cement Production Casing	
HES FACILITY (CLOSEST TO WELL SITE) Liberal Ks		

REGION Central Operations	NWA / COUNTRY Mid Continent/USA
MBU ID / EMPL # MCL10101 106322	H.E.S. EMPLOYEE NAME Danny McLane
LOCATION LIBERAL	COMPANY BP AMERICA
TICKET AMOUNT \$8,832.90	WELL TYPE 02 Gas
WELL LOCATION N/Lakin,Ks	DEPARTMENT Cement
LEASE NAME H C BENDER "GU"	Well No. 4
	SEC / TWP / RNG 35 - 23S - 36W

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HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS	HRS
Mclane, D 106322	8.0			
Lemieux, M 266575	6.0			
Slater, J 106095	5.5			
Nichols, J 288309	5.5			

H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10547695	192			
10251401	192			
10010748 10011278	61			
10010752 10011272	61			

Form. Name _____ Type: _____
 Form. Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
	11/6/2003	11/6/2003	11/6/2003	11/6/2003
Time	0200	0500	0850	0950

Type and Size	Qty	Make
Float Collar		
IFS Shoe 4 1/2	1	Howco
Centralizers 4 1/2	6	Howco
Top Plug 4 1/2	1	Howco
HEAD 4 1/2	1	Howco
Limit clamp 4 1/2	1	Howco
Weld-A	1	Howco
Guide Shoe		
BTM PLUG		

		New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing		New	10.5#	4 1/2"		0	2,905	
Liner								
Liner								
Tubing								
Drill Pipe								
Open Hole				7 7/8"				Shots/Ft.
Perforations								
Perforations								
Perforations								

Materials		
Mud Type	Density	Lb/Gal
Disp. Fluid	Density	Lb/Gal
Prop. Type	Size	Lb
Prop. Type	Size	Lb
Acid Type	Gal.	%
Acid Type	Gal.	%
Surfactant	Gal.	In
NE Agent	Gal.	In
Fluid Loss	Gal/Lb	In
Gelling Agent	Gal/Lb	In
Fric. Red.	Gal/Lb	In
Breaker	Gal/Lb	In
Blocking Agent	Gal/Lb	
Perfpac Balls	Qty.	
Other		
Other		
Other		
Other		

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
11/6	6.0	11/6	1.0	Cement Production Casing
Total	6.0	Total	1.0	

Ordered _____ Hydraulic Horsepower _____ Used _____
 Average Rates in BPM _____
 Treating _____ Disp. _____ Overall _____
 Cement Left in Pipe _____
 Feet _____ Reason _____ SHOE JOINT

Stage	Sacks	Cement	Bulk/Sks	Additives	W/Rq.	Yield	Lbs/Gal
1	625	HLC PP	Bulk	1/4# FLOCELE	11.41	2.04	12.27
2							
3							
4							

Summary				
Circulating	Displacement	Preflush: BBI	5.00	Type: fresh water
Breakdown	MAXIMUM	Load & Bkdn: Gal - BBI		Pad:Bbl -Gal
Lost Returns	Lost Returns	Excess /Return BBI		Calc. Disp Bbl
Cmt Rtrn#Bbl	Actual TOC	Calc. TOC:		Actual Disp.
Average	Frac. Gradient	Treatment: Gal - BBI		Disp:Bbl
Shut In: Instant	5 Min. 15 Min.	Cement Slurry BBI	227.0	
		Total Volume BBI	232.00	

Frac Ring #1 _____ Frac Ring #2 _____ Frac Ring #3 _____ Frac Ring #4 _____

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE _____

SIGNATURE _____

