

ORIGINAL

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 SLOW 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. _____

7/19/04 7/20/04 WAIT COMPL

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

API NO. 15- 093-21748-0000

County KEARNY4

SE - SE - NW - NW Sec. 19 Twp. 23S S. R. 37W E W

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

1250' 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 BELL Well # 3HI

Field Name HUGOTON

Producing Formation CHASE

Elevation: Ground 3318' Kelley Bushing 3323'

Total Depth 2894' Plug Back Total Depth 2894'

Amount of Surface Pipe Set and Cemented at 940 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 Act. #1 KGR 6/22/07
(Data must be collected from the Reserve Pit)

Chloride content 23500 MG/LTR ppm Fluid volume 800 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 12/1/04

Subscribed and sworn to before me this 1ST 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 BELL

Well # 3HI

Sec. 19 Twp. 23S S.R. 37W 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
CHASE	2612'	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#	940'	HLC PP	380	3%CC;1/4#FLOC
					PP	150	2%CC;1/4#FLOC
PRODUCTION	7 7/8"	5 1/2"	15.5#	2894'	HLC PP	555	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	2670-2680'	FRAC - W/200,000# 16/30 BRADY SAND	2670-2740
	2730-2740'	70Q N2 FOAM	

TUBING RECORD Size 2 3/8" Set At 2755' Packer At NA Liner Run Yes No

Date of First, Resumed Production, SWD or Enhr. WAITING COMPLETION Producing Method Flowing Pumping Gas Lift Other (Explain)

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

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

HALLIBURTON JOB SUMMARY

SALES ORDER NUMBER 3188246	TICKET DATE 07/20/04
BDA / STATE MC/Ks	COUNTY KEARNY
PSL DEPARTMENT Cement	CUSTOMER REP / PHONE 307 KENNETH BURT 806-255-0008
API/LWI # 15-093-21748-0000	SAP BOMB NUMBER 7521
HES FACILITY (CLOSEST TO WELL SITE) Liberal, Ks	

REGION Central Operations	NWA / COUNTRY Mid Continent/USA
NBU ID / EMPL # MCL10110 / 217398	H.E.S. EMPLOYEE NAME Mickey Cochran
LOCATION LIBERAL	COMPANY BP AMERICA
TICKET AMOUNT \$10,306.50	WELL TYPE 02 Gas
WELL LOCATION WEST OF LAKIN, KS	DEPARTMENT ZI
LEASE NAME BELL	Well No. SEC / TWP / RNG 3HI 19 - 23S - 37W

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS	HRS
Cochran, M 217398	9.5			
Arnett, J 226567	9.5			
Tate, N 105953	9.0			
Torres, J 295373	9.0			

H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10441883	200			
10251403	200			
10240236/10240245	71			
10011392/10280731	71			

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
	7/19/2004	7/20/2004	7/20/2004	7/20/2004
Time	2230	0200	0950	1045

Type and Size	Qty	Make
Float Collar TS	1	H
Float Shoe		O
Centralizers	5	W
Top Plug	1	C
HEAD	1	H O
Limit clamp	1	O
Weld-A	1	W
Guide Shoe TT	1	C
BTM PLUG		O

	New/Used	Weight	Size	Grade	From	To	Max Allow
Casing	NEW	24#	8 5/8"		0	940	
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole			12 1/4"				Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials	Density	Lb/Gal
Mud Type		
Disp. Fluid		
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		
Other		

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
7/20	9.5	7/20	1.5	Cement Surface Casing
Total	9.5	Total	1.5	

RECEIVED
 DEC 3 2004
 KCC WICHITA

Ordered	Hydraulic Horsepower Avail.	Used
Treating	Average Rates in BPM Disp.	Overall
Feet 43	Cement Left in Pipe Reason	SHOE JOINT

Stage	Sacks	Cement	Bulk/Sks	Additives	W/Rq.	Yield	Lbs/Gal
1	380	HLC PP		3% CC - 1/4# FLOCELE	11.45	2.07	12.30
2	150	PREM PLUS		2% CC - 1/4# FLOCELE	6.30	1.34	14.80
3							
4							

Summary			
Circulating Breakdown	Displacement	Preflush: BBI	Type: _____
Lost Returns	MAXIMUM	Load & Bkdn: Gal - BBI	Pad:Bbl -Gal _____
Cmt Rtn#Bbl	Actual TOC	Excess /Return BBI	Calc. Disp Bbl _____
Average	Frac. Gradient	Calc. TOC: _____	Actual Disp. _____
Shut in: Instant	5 Min. _____ 15 Min. _____	Treatment: Gal - BBI	Disp:Bbl _____
		Cement Slurry BBI	
		Total Volume BBI	176.0
			233.00

Frac Ring #1 | Frac Ring #2 | Frac Ring #3 | Frac Ring #4

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE M. COLEBERT

SIGNATURE _____

