

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: _____

API NO. 15- 093-21739-0000
County KEARNY
NE - NE - SW - NW Sec. 26 Twp. 24S S. R. 35W E W
1450' 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 NUSS 'A' GAS UNIT Well # 3
Field Name PANOMA

Producing Formation COUNCIL GROVE
Elevation: Ground 2948' Kelley Bushing 2954
Total Depth 2884' Plug Back Total Depth 2884'

Amount of Surface Pipe Set and Cemented at 769 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) *alt. #1 RGR 6/22/07*

Chloride content 21000 MG/LTR ppm Fluid volume 800 bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____

Operator Name K&L TANK
Lease Name MORRIS B 1 SWD License No. 8757
Quarter _____ Sec. 19 Twp. 24 S. R. 31 E W
County FINNEY Docket No. 16-812 (96-930C)

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. _____

7/17/04 7/19/04 NOT COMPLETED
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

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 [Signature]
Title REGULATORY STAFF ASSISTANT Date 12/7/04

Subscribed and sworn to before me this 7TH day of DECEMBER, 20 04.

Notary Public [Signature]

Date Commission Expires _____

DR. K. ZAPALAC
Notary Public, State of Texas
Commission Expires 05-29-06

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 NUSS 'A' GAS UNIT

Well # 3

Sec. 26 Twp. 24S S.R. 35W 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

Log Formation (Top), Depth and Datums Sample

Name Top Datum

CHASE KB

List All E.Logs Run:

COMPENSATED SPECTRAL NATURAL GAMMA

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#	769'	HLC PP	295	3%CC;1/4#FLOC
					PP	150	2%CC;1/4#FLOC
PRODUCTION	7 7/8"	5 1/2"	15.5#	2884'	HLC PP	555	1/4# FLOC/LE

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			

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	2730-2750'	FRAC - W/200,000# 16/30 BRADY SAND	2730-2750
		70Q N2 FOAM	
		ACID - 15% HCL 500 GALS	2730-2750

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

Date of First, Resumed Production, SWD or Enhr. _____ 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
 (If vented, submit ACO-18.) Other (Specify) _____

HALLIBURTON JOB SUMMARY

REGION Central Operations		NWA / COUNTRY Mid Continent/USA		SALES ORDER NUMBER 3185668		TICKET DATE 07/19/04	
MBU ID / EMPL # MCLO104 212723		H.E.S. EMPLOYEE NAME JERRAKO EVANS		BDA / STATE MC/Ks		COUNTY KEARNY	
LOCATION LIBERAL, KS		COMPANY BP AMERICA		PSL DEPARTMENT Cement		CUSTOMER REP / PHONE 307 MIKE COLBERT 806-255-8042	
TICKET AMOUNT \$9,066.03		WELL TYPE 02 Gas		API/UMI #			
WELL LOCATION DEERFIELD, KS		DEPARTMENT CEMENT		SAP BOMB NUMBER 7523		Cement Production Casing	
LEASE NAME NUSS "GU"		Well No. A#3		SEC / TWP / RNG 26 - 24S - 35W		HES FACILITY (CLOSEST TO WELL SITE) LIBERAL	

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HR	HR	HR	HR
Evans, J 212723	3.5			
Smith, B	3.5			
Tate, N 105953	3.0			
Torres, J 295373	3.0			

H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10415642	190			
10011407-10011306	190			
10011299-10011278	70			
10240236-10240245	70			

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	7/19/2004	7/19/2004	7/19/2004
Time	0500	0830	1030	1200

Tools and Accessories

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

Well Data

New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing NEW	15.5#	5 1/2"		0	2,884	
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole		7 7/8"			2,884	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		
Other		

Hours On Location	Operating Hours	Description of Job
Date: 7/19 Hours: 3.5	Date: 7/19 Hours: 7.5	Cement Production Casing
Total	3.5	7.5

RECEIVED
 DEC 13 2004
 KCC WICHITA

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

Cement Data

Stage	Sacks	Cement	Bulk/Sks	Additives	W/Rq.	Yield	Lbs/Gal
1	555	HLC PP	1/4# FLOCELE		11.41	2.04	12.27
2							
3							
4							

Summary

Circulating Breakdown	Displacement	MAXIMUM	Preflush: BBI	Type:
Lost Returns - Y	Lost Returns - N		Load & Bkdn: Gal - BBI	Pad: Bbl - Gal
Cmt Rtrn #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	202.0
				271.00

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

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE M. COLBERT
 SIGNATURE _____

