

OCT 12 2004

WELL COMPLETION FORM

KCC WICHITA

WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 5952

API NO. 15- 129-21734-0000

Name: BP AMERICA PRODUCTION COMPANY

County MORTON

Address P. O. BOX 3092, WL1-RM 3.201

SW - SW - NE - SE Sec. 4 Twp. 32 S. R. 40 E W

City/State/Zip HOUSTON, TX 77253-3092

1354' S Feet from S/N (circle one) Line of Section

Purchaser: _____

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

Operator Contact Person: SUE SELLERS

Footages Calculated from Nearest Outside Section Corner:

Phone (281) 366-2052

(circle one) NE SE NW SW

Contractor: Name: CHEYENNE DRILLING

Lease Name KINSLER GAS UNIT 'A' Well # 4

License: 5382

Field Name PANOMA

Wellsite Geologist: _____

Producing Formation COUNCIL GROVE

Designate Type of Completion

Elevation: Ground 3288' Kelley Bushing 3293'

New Well Re-Entry Workover

Total Depth 2632' Plug Back Total Depth _____

Oil SWD SLOW Temp. Abd.

Amount of Surface Pipe Set and Cemented at 560' Feet

Gas ENHR SIGW

Multiple Stage Cementing Collar Used? Yes No

Dry Other (Core, WSW, Expl., Cathodic, etc.)

If yes, show depth set _____ Feet

If Workover/Reentry: Old Well Info as follows:

If Alternate II completion, cement circulated from _____

Operator: _____

feet depth to _____ w/ _____ sx cmt.

Well Name: _____

Drilling Fluid Management Plan ALT #1 RGR 7/02/07
(Data must be collected from the Reserve Pit)

Original Comp. Date _____ Original Total Depth _____

Chloride content 19000 MG/LTR ppm Fluid volume 800 bbls

Deepening Re-perf. Conv. to Enhr./SWD

Dewatering method used DRIED AND FILLED

Plug Back Plug Back Total Depth _____

Location of fluid disposal if hauled offsite: _____

Commingled Docket No. _____

Operator Name _____

Dual Completion Docket No. _____

Lease Name _____ License No. _____

Other (SWD or Enhr?) Docket No. _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ E W

5/22/04 5/24/04 7/20/04

County _____ Docket No. _____

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

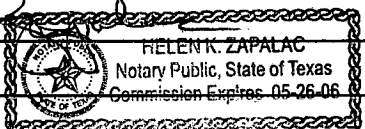
Signature Sue Sellers

Title REGULATORY STAFF ASSISTANT Date 10/05/04

Subscribed and sworn to before me this 4TH day of OCTOBER, 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 KINSLER GAS UNIT 'A'

Well # 4

County MORTON

Sec. 14 Twp. 32 S.R. 40 East West

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:

Name	Formation (Top), Depth and Datums	
	Top	Datum
CHASE	2146'	KB
COUNCIL GROVE	2430'	KB

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#	560'	HLC PP	115	3%OC;1/4#FLOC
					PP	150	2%OC;1/4#FLOC
PRODUCTION	7 7/8"	5 1/2"	15.5#	2632'	HLC PP	415	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	2454 - 2474'	FRAC - W/200,000# 16/30 BRADY SAND	2454-2474
		70Q N2 FOAM	
		ACID - 500 GALS 15% HCL	2454-2474

TUBING RECORD	Size 2 3/8"	Set At 2647'	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. 7/20/04	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. 0	Gas Mcf 85	Water Bbls. 0	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) _____

HALLIBURTON JOB SUMMARY

REGION Central Operations	MWA / COUNTRY Mid Continent/USA	SALES ORDER NUMBER 3090900	TICKET DATE 05/22/04
MBU ID / EMPL # MCL10101 301261	H.E.S. EMPLOYEE NAME Scott Green	BDA / STATE MC/Ks	COUNTY MORTON
LOCATION LIBERAL	COMPANY BP AMERICA	PSL DEPARTMENT Cement	CUSTOMER REP / PHONE DAN DEER 806-255-8045
TICKET AMOUNT \$6,682.78	WELL TYPE 01 Oil	API/UVI # 15-129-21734-0000	
WELL LOCATION Rolla, Ks	DEPARTMENT Cement	SAP BOMB NUMBER 7521	Cement Surface Casing
LEASE NAME KINSLER "GU"	Well No. A#4	SEC / TWP / RNG 4 - 32S - 40W	HES FACILITY (CLOSEST TO WELL SITE) Liberal Ks

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS	HRS
Green, S 301261	12.0			
Harper, K 241985	12.0			
Beasley, J 299920	9.0			

RECEIVED

H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10547695	108			
10251401	108			
10244148 / 10286731	24			

OCT 12 2004

KCC WICHITA

Form. Name _____ Type: _____
 Form. Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Retainer Depth _____ Total Depth **551'**

Date	Called Out	On Location	Job Started	Job Completed
	5/22/2004	5/22/2004	5/23/2004	5/23/2004
Time:	2030	2245	0350	0425

Type and Size	Qty	Make
Float Collar 8 5/8"	1	Howco
Float Shoe		Howco
Centralizers 8 5/8" x 12 1/4"	5	Howco
Top Plug 8 5/8"	1	Howco
HEAD 8 5/8"	1	Howco
Limit clamp 8 5/8"	1	Howco
Weld-A	1	Howco
Guide Shoe 8 5/8"	1	Howco
BTM PLUG		Howco

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	24#	8 5/8"		0	560	
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole			12 1/4"		Sur.	551	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	
5/22	1.5	5/22	0	Cement Surface Casing
5/23	6.0	5/23	1.5	
Total	7.5	Total	1.5	

Ordered _____ Hydraulic Horsepower _____ Used _____
 Treating _____ Average Rates in BPM _____ Overall _____
 Feet **33** Cement Left in Pipe _____ Reason **SHOE JOINT**

Stage	Sacks	Cement	Bulk/Sks	Additives	W/Rq.	Yield	Lbs/Gal
1	115	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	Displacement	Preflush:	BBI	Type:
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:	Surface	Actual Disp.
Average	Frac. Gradient	Treatment:	Gal - BBI	Disp: Bbl
Shut In: Instant	5 Min.	Cement Slurry	BBI	
	15 Min.	Total Volume	BBI	
				42.4 / 35.8
				110.20

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

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE Dan Deer SIGNATURE

