

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5952

Name: BP AMERICA PRODUCTION COMPANY

Address P. O. BOX 3092, WL1-RM 6.121, WL-1

City/State/Zip HOUSTON, TX 77253-3092

Purchaser: _____

Operator Contact Person: DEANN SMYERS

Phone (281) 366-4395

Contractor: Name: _____

License: _____

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: BP AMERICA PRODUCTION COMPANY

Well Name: ENDSLEY GAS UNIT

Original Comp. Date 08/07/72 Original Total Depth 2786

____ 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. _____

07/13/72 08/07/72 11/27/07

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

API NO. 15- 187-20050-00-01

County STANTON

SW-SW - NE - SE Sec. 36 Twp. 27S S. R. 39W E W

1480' FSL Feet from S/N (circle one) Line of Section

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

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name ENDSLEY GAS UNIT Well # 2

Field Name PANOMA

Producing Formation CHASE/COUNCIL GROVE

Elevation: Ground _____ Kelley Bushing 3139

Total Depth 2786 Plug Back Total Depth _____

Amount of Surface Pipe Set and Cemented at _____ Feet

Multiple Stage Cementing Collar Used? ____ Yes ____ No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to 610/08 Dig ^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.

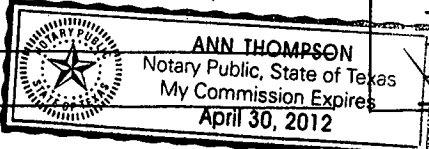
Signature [Signature]

Title REGULATORY STAFF ASSISTANT Date 04/15/08

Subscribed and sworn to before me this 1st day of May, 2008.

Notary Public [Signature]

Date Commission Expires _____



KCC Office Use ONLY
RECEIVED
Letter of Confidentiality If Denied, Yes Date: MAY 02 2008
Wireline Log Received
Geologist Report Received
UIC Distribution
KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
WICHITA, KS

Operator Name BP AMERICA PRODUCTION COMPANY

Lease Name ENDSLEY GAS UNIT

Well # 2

Sec. 36 Twp. 27S S.R. 39W East West

County STANTON

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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run (Submit Copy.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No List All E.Logs Run: ACOUSTIC VELOCITY NEUTRON LOG - 07/13/72 CALIPER LOG - 07/19/72 COMPENSATED DENSITY LOG - 07/20/72 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><input checked="" type="checkbox"/> Log</td> <td colspan="2">Formation (Top), Depth and Datums</td> <td style="width:10%;"><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> <td></td> </tr> <tr> <td>CHASE</td> <td>2321</td> <td>KB</td> <td></td> </tr> <tr> <td>COUNCIL GROVE</td> <td>2574</td> <td>KB</td> <td></td> </tr> </table> | <input checked="" type="checkbox"/> Log | Formation (Top), Depth and Datums | | <input type="checkbox"/> Sample | Name | Top | Datum | | CHASE | 2321 | KB | | COUNCIL GROVE | 2574 | KB | |
| <input checked="" type="checkbox"/> Log | Formation (Top), Depth and Datums | | <input type="checkbox"/> Sample | | | | | | | | | | | | | | |
| Name | Top | Datum | | | | | | | | | | | | | | | |
| CHASE | 2321 | KB | | | | | | | | | | | | | | | |
| COUNCIL GROVE | 2574 | KB | | | | | | | | | | | | | | | |

| CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> 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 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| ADDITIONAL CEMENTING/SQUEEZE RECORD | | | | |
|--|------------------------------|----------------|-------------|----------------------------|
| Purpose | Depth | 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 | 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 | 2322-2332 / HERRINGTON | ACIDIZED-15% HCL ACID / 8,000 GALS | |
| | 2380-2390 / WINFIELD | (11/26/2007) | |
| | 2440-2450 / TOWANDA | | |
| | 2496-2516 / FORT RILEY | | |

| TUBING RECORD | Size | Set At | Packer At | Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---------------|------|--------|-----------|---|
|---------------|------|--------|-----------|---|

| Date of First, Resumed Production, SWD or Enhr. | Producing Method |
|---|---|
| 11/27/07 | <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) |

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

Disposition of Gas: METHOD OF COMPLETION Production Interval

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

Side Two

Operator Name BP AMERICA PRODUCTION COMPANY

Lease Name ENDSLEY GAS UNIT Well # 2

Sec. 36 Twp. 27S S.R. 39W East West

County STANTON

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 surveycd. 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:
 ACOUSTIC VELOCITY NEUTRON LOG - 07/13/72
 CALLIPER LOG - 07/19/72
 COMPENSATED DENSITY LOG - 07/20/72

| Name | Formation (Top), Depth and Datums | | <input type="checkbox"/> Sample |
|---------------|-----------------------------------|-------|---------------------------------|
| | Top | Datum | |
| CHASE | 2321 | KB | |
| COUNCIL GROVE | 2574 | KB | |

RECEIVED
 KANSAS CORPORATION COMMISSION
 JUN 02 2008
 CONSERVATION DIVISION
 WICHITA, KS

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 5/8</u> | <u>23 #</u> | <u>719</u> | | <u>385</u> | |
| <u>PRODUCTION</u> | <u>7 7/8</u> | <u>5 1/2</u> | <u>14 #</u> | <u>2786</u> | | <u>530</u> | |

ADDITIONAL CEMENTING/SQUEEZE RECORD

| Purpose | Depth | | Type of Cement | #Sacks Used | Type and Percent Additives |
|---|-------|--------|----------------|-------------|----------------------------|
| | Top | Bottom | | | |
| <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>2322-2332 / HERRINGTON</u> | <u>ACIDIZED-15% HCL ACID / 8,000 GALS</u> | |
| | <u>2380-2390 / WINFIELD</u> | <u>(11/26/2007)</u> | |
| | <u>2440-2450 / TOWANDA</u> | | |
| | <u>2496-2516 / FORT RILEY</u> | | |

TUBING RECORD

Size _____ Set At _____ Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SWD or Enhr. 11/27/07 Producing Method Flowing Pumping Gas Lift Other (Explain)

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

Disposition of Gas: Vented Sold Used on Lease Open Hole Perforation Dually Comp. Commingled

(If vented, submit ACO-18.) Other (Specify) _____

METHOD OF COMPLETION _____ Production Interval _____