

RECEIVED
KANSAS CORPORATION COMMISSION

AUG 28 2008

CONSERVATION DIVISION
WICHITA, KS

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form must be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

cc - Jim

Operator: License # 5952

Name: BP AMERICA PRODUCTION COMPANY

Address P. O. BOX 3092, WL1-RM 6.128, 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: MATER GAS UNIT A WELL NO. 2

Original Comp. Date 09/23/72 Original Total Depth 2792

____ 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. _____

04/24/08 05/19/08
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API NO. 15- 187-20066-0001

County STANTON

SE NE NW SE Sec. 13 Twp. 27S S. R. 39W E W

2165' FSL Feet from S/N (circle one) Line of Section

1430' 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 MATER GAS UNIT A Well # 2

Field Name PANOMA

Producing Formation CHASE/COUNCIL GROVE

Elevation: Ground 3164 Kelley Bushing 3172

Total Depth 2792 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 _____ w/ _____ sx cm.

Drilling Fluid Management Plan WO-AIT I NUR
(Data must be collected from the Reserve Pit) 9-22-08

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.

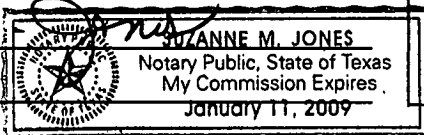
Signature Deanna Smyers

Title REGULATORY STAFF ASSISTANT Date 08/14/08

Subscribed and sworn to before me this 25th day of AUGUST, 2008.

Notary Public Suzanne M. Jones

Date Commission Expires 1-11-2009



KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

Jim H.

Operator Name BP AMERICA PRODUCTION COMPANY

Lease Name MATER GAS UNIT A

Well # 2

Sec. 13 Twp. 27S S.R. 39W East West

County GRANT

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: RADIOACTIVITY LOG - 9/07/72	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>CHASE</td> <td>2328</td> <td>KB</td> </tr> <tr> <td>COUNCIL GROVE</td> <td>2642</td> <td>KB</td> </tr> </table>	Name	Top	Datum	CHASE	2328	KB	COUNCIL GROVE	2642	KB
Name	Top	Datum								
CHASE	2328	KB								
COUNCIL GROVE	2642	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
SURFACE	12-1/4	8-5/8	23#	712	PLITE3%/'C'	385	2%CC:1/4#FLOC
PRODUCTION	7-7/8	5-1/2	14#	2784	PLITE3%/'C'	530	2%CC:1/4#FLOC

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
4	2520-2530 / HERRINGTON	ACID - 15% HCL ACID / 2000 GALS.	
	2500-2520 / WINFIELD	FRAC W/150,000# 8/16 BRADY SAND	
	2450-2470 / TOWANDA	& 54,000 GALS 70Q N2 - 05/08/2008	
	2396-2406 / FORT RILEY		

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

Date of First, Resumed Production, SWD or Enhr.	Producing Method							
05/14/08	<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) _____