

AUG 28 2008

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

cc - Tom
KCC
Mun
9/8/08

CONSERVATION DIVISION
Operator: License # WICHITA KS 5992
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 ____ SIOW ____ 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: ~~BENTRUP GAS UNIT B WELL NO. 3~~
Original Comp. Date 04/19/03 Original Total Depth 2900
____ 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. _____
04/14/08 05/16/08
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

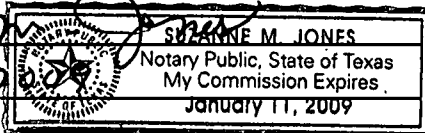
API NO. 15- 093-21723-8901
County KEARNY
W2
C SE NW Sec. 9 Twp. 24S S. R. 35W E W
1980' FNL Feet from S/N (circle one) Line of Section
1980' FNL Feet from E/W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name BENTRUP GAS UNIT B Well # 3
Field Name PANOMA
Producing Formation CHASE/COUNCIL GROVE
Elevation: Ground 2989 Kelley Bushing 2996
Total Depth 2900 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 cmt.

Drilling Fluid Management Plan WO-AH I NGR
(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
20 08
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
Tom H.

Operator Name BP AMERICA PRODUCTION COMPANY Lease Name BENTRUP GAS UNIT B Well # 3

Sec. 9 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.) <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: COMPENSATED SPECTRAL NATURAL GAMMA	<input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample Formation (Top), Depth and Datums <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:60%;">Name</th> <th style="width:20%;">Top</th> <th style="width:20%;">Datum</th> </tr> <tr> <td>CHASE</td> <td>2446</td> <td>KB</td> </tr> <tr> <td>COUNCIL GROVE</td> <td>2724</td> <td>KB</td> </tr> </table>	Name	Top	Datum	CHASE	2446	KB	COUNCIL GROVE	2724	KB
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CHASE	2446	KB								
COUNCIL GROVE	2724	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#	972	PLITE3%/'c'	265 sxs	2%cc:1/4#floc
					PLITE3%/'c'	125 sxs	2%cc:1/4#floc
PRODUCTION	7-7/8"	4-1/2"	10.5#	2899	PLITE3%/'c'	565 sxs	1/4# flocele

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	2506-2516 / WINFIELD	ACID - 15% HCL ACID / 2000 GALS.	
	2574-2594 / TOWANDA	FRAC W/ 150,100# 8/16 BRADY SAND	
	2620-2650 / FORT RILEY	& 54,000 GALS 70Q N2 - 4/24/2008	

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

Date of First, Resumed Production, SWD or Enhr. 05/15/08 Producing Method Flowing Pumping Gas Lift Other (Explain)

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