

8/14/09

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

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: KANSAS CORPORATION COMMISSION

Operator Contact Person: DEANN SMYERS

Phone (281) 366-4395

Contractor: Name: MONIE MOORE DRILLING

License: 33925

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: _____

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. _____

5/08/2007 5/08/2007 5/08/2007

Spud Date or Date Reached TD Completion Date or Recompletion Date

API NO. 15- 067-21630-0000

County GRANT

SE - SE - NE Sec. 02 Twp. 29S S. R. 38W E W

2238' FNL Feet from S/N (circle one) Line of Section

30' FEL Feet from EW (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name SULLIVAN Well # 3

Field Name FACILITY NAME: PIPELINES IA & IK

Producing Formation _____

Elevation: Ground _____ Kelley Bushing _____

Total Depth 250 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 80'

feet depth to 250' w/ SE2 Coke Breeze sx cmt.

Drilling Fluid Management Plan P+A AH III NR
(Data must be collected from the Reserve Pit) 9-1-09

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 Deann Smyers

Title REGULATORY STAFF ASSISTANT Date 8/12/09

Subscribed and sworn to before me this 12th day of AUGUST

20 09

Notary Public Suzanne M. Jones

Date Commission Expires 1-11-2013



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 SULLIVAN

Well # _____

Sec. 02 Twp. 29S S.R. 38W 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No List All E.Logs Run: _____ | <input type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample Name Top Datum |
|---|--|

| CASING RECORD <input checked="" 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 |
| CATHODIC SURFACE | 10" SURF. | 4" | | 20' | Benton, Clay | | |
| | | | | | | | |
| | | | | | | | |

| ADDITIONAL CEMENTING/SQUEEZE RECORD | | | | | |
|---|---------------------|--|----------------|-------------|----------------------------|
| Purpose _____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone | Depth Top Bottom | | Type of Cement | #Sacks Used | Type and Percent Additives |
| | | | | | |
| | | | | | |

| 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 |
|----------------|---|--|---|--|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

METHOD OF COMPLETION Production Interval