

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 5952

Name: BP AMERICA PRODUCTION COMPANY

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

City/State/Zip HOUSTON, TX 77253-3092

Purchaser: RECEIVED
KANSAS CORPORATION COMMISSION

Operator Contact Person: DEANN SMYERS

Phone (281) 366-4395

Contractor: Name: CHEYENNE DRILLING LP WICHITA, KS

License: 33375

Wellsite Geologist: KANSAS CORPORATION COMMISSION

Designate Type of Completion 2001 2 4 2003

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: _____

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. _____

8/19/05 8/20/05 8/20/05
Spud Date or Date Reached TD Completion Date or Recompletion Date

API NO. 15- 187-21056-0000

County STANTON

ONE NE NE Sec. 15 Twp. 29S S. R. 40W E W

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

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

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name KELMAN Well # 4

Field Name HUGOTON

Producing Formation KINDER/WINFELD/TOWANDA

Elevation: Ground 3275 Kelley Bushing 3281

Total Depth 2602 Plug Back Total Depth _____

Amount of Surface Pipe Set and Cemented at 679 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 API-50g-11/3/00
(Data must be collected from the Reserve Pit)

Chloride content 4400 MG/LTR+ ppm Fluid volume 800 bbls

Dewatering method used DRIED AND FILLED

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.

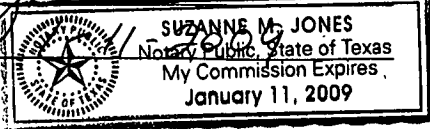
Signature Deann Smyers

Title REGULATORY STAFF ASSISTANT Date 12/19/05

Subscribed and sworn to before me this 9th day of January, 2006.

Notary Public Suzanne Jones

Date Commission Expires _____



KCC Office Use ONLY
ATO Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

X

Operator Name BP AMERICA PRODUCTION COMPANY

Lease Name KELMAN

Well # 4

Sec. 15 Twp. 29S S.R. 40W 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.) 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:

COMPENSATED SPECTRAL NATURAL GAMMA

Log Formation (Top), Depth and Datums Sample
 Name Top Datum
 K/W/T 2268 KB
 Chase N/A

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>24#</u>	<u>680</u>	<u>HLC PP</u>	<u>210</u>	<u>3%CC-1/4#FLOC</u>
					<u>Prem. Plus</u>	<u>175</u>	<u>2%CC-1/4#FLOC</u>
<u>PRODUCTION</u>	<u>7 7/8"</u>	<u>5 1/2"</u>	<u>15.5#</u>	<u>2606</u>	<u>HLC PP</u>	<u>450</u>	<u>1/2# FLOCELE</u>

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
<u>1-2-2</u>	<u>2292-2302</u>	<u>FRAC - W/126,000# 12/20 BRADY SAND</u>	
<u>1-2-2</u>	<u>2350-2360</u>	<u>41,500 gals x-link gel</u>	
<u>1-2-2</u>	<u>2396-2406</u>		

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First, Resumed Production, SWD or Enhr. 10/ /2005 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
<u>0</u>	<u>0</u>	<u>/MCFD</u>	<u>0</u>		

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) _____

