

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 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: ABOLT GAS UNIT NO 2
Original Comp. Date 10/05/78 Original Total Depth 3007
____ 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. _____
06/23/78 10/05/78 10/11/07
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

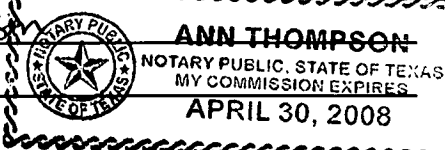
API NO. 15- 093-20533-20549-00-01
County KEARNY
____ E/2 ____ E/2 ____ SW Sec. 15 Twp. 24S S. R. 36W E W
1320' FSL Feet from S/N (circle one) Line of Section
2440' FWL Feet from E/W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name ABOLT GAS UNIT Well # 2
Field Name PANOMA
Producing Formation CHASE / COUNCIL GROVE
Elevation: Ground _____ Kelley Bushing 3053
Total Depth 3007 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 OWWO - AH I NUR
(Data must be collected from the Reserve Pit) 1-15-09
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 [Signature]
Title REGULATORY STAFF ASSISTANT Date 11/18/07
Subscribed and sworn to before me this 18th day of November,
20 07.
Notary Public [Signature]
Date Commission Expires _____



KCC Office Use ONLY
RECEIVED
N Letter of Confidentiality
If Denied, Yes Date: _____
Wireline Log Received **NOV 26 2007**
Geologist Report Received
UIC Distribution
copy to JDM
KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
WICHITA, KS

Operator Name BP AMERICA PRODUCTION COMPANY

Lease Name ABOLT GAS UNIT

Well # 2

Sec. 15 Twp. 24S S.R. 36W 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: NUCLEAR LOG - 06/30/78 | <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>2412</td> <td>KB</td> </tr> <tr> <td>COUNCIL GROVE</td> <td>2680</td> <td>KB</td> </tr> </table> | Name | Top | Datum | CHASE | 2412 | KB | COUNCIL GROVE | 2680 | KB |
|--|---|-----------|-----|-------|--------------|-------------|-----------|----------------------|-------------|-----------|
| Name | Top | Datum | | | | | | | | |
| CHASE | 2412 | KB | | | | | | | | |
| COUNCIL GROVE | 2680 | 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 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 |
|----------------|---|---|-------|
| 4 | 2530-2550 / TOWANDA | FRAC - 10/03/07 | |
| | 2590-2610 / FORT RILEY | W/100,500# 12/20 BRADY SAND | |
| | | 42,000 GALS 70Q N2 | |
| | | ACID - 15% HCL ACID / 2000 GALS. | |

| 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 |
|---|---|
| 10/11/07 | <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 |
|-----------------------------------|-----------|----------------|-------------|---------------|---------|
| | 0 | 65 MCFD | 0 | | |

Disposition of Gas: Vented Sold Used on Lease Open Hole Perforation Dually Comp. Commingled Other (Specify) _____

RECEIVED
 KANSAS CORPORATION COMMISSION
NOV 26 2007
 CONSERVATION DIVISION
 WICHITA, KS