



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____-_____-_____- Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ 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

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that 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.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1062661

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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

Date of First, Resumed Production, SWD or ENHR. _____ 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: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	BEREXCO LLC
Well Name	CONNIE 1
Doc ID	1062661

Tops

Name	Top	Datum
Elgin	3722	-2226
Heebner	3906	-2410
Douglas	3970	-2474
Stalnaker	4235	-2739
Lansing	4441	-2945
Stark	4620	-3124
Kansas City (base)	4696	-3200
Cherokee	4827	-3331
Mississippi	4880	-3384
RTD	4904	-3408

ALLIED CEMENTING CO., LLC. 040244

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine Louse Ks

DATE <u>8-8-2011</u>	SEC.	TWP.	RANGE	CALLED OUT <u>1:00 pm</u>	ON LOCATION <u>3:30 pm</u>	JOB START <u>5:00 pm</u>	JOB FINISH <u>6:00 pm</u>
LEASE <u>Achenbach</u>	WELL# <u>A-2</u>		LOCATION <u>Medicine Louse Ks</u>	COUNTY <u>Becker</u>		STATE <u>Ks</u>	
<input checked="" type="radio"/> OLD OR NEW (Circle one)			<u>Heratner Ks 3 wase, 200 yds north, well</u>				

CONTRACTOR Alliance well service OWNER Berexo
 TYPE OF JOB Liner
 HOLE SIZE _____ T.D. _____
 CASING SIZE 4 1/2 10.514 DEPTH 4865
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 77 bbls fresh water

CEMENT
 AMOUNT ORDERED 110s x 60' 40' 8% Gel
.5% CD31 & Defosmen
220s x 60' 40' 4% Gel + .5% CD31 & Defos

COMMON <u>A 198</u>	@	<u>16.25</u>	<u>3217.50</u>
POZMIX <u>132</u>	@	<u>8.50</u>	<u>1122.00</u>
GEL <u>15</u>	@	<u>21.25</u>	<u>318.75</u>
CHLORIDE _____	@		
ASC _____	@		
<u>CD-31 141</u>	@	<u>9.35</u>	<u>1318.35</u>
<u>Deframer 45#</u>	@	<u>8.90</u>	<u>400.50</u>
_____	@		
_____	@		
_____	@		
_____	@		
_____	@		
HANDLING <u>349</u>	@	<u>2.25</u>	<u>785.25</u>
MILEAGE <u>349/25/.11</u>			<u>959.75</u>
			TOTAL <u>8122.10</u>

REMARKS:

Break circulation with 12 bbls fresh water, mix 110s of lead cement, mix 140s of fill cement, shut down, wash pump & lines, Release plug, Start displacement. Lift + pressure at 20 bbls 1100psi, slow rate at 65 bbls, Bump plug at 77 bbls, plug held, top off with 80s of cement

CHARGE TO: Berexo
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB <u>4865</u>			
PUMP TRUCK CHARGE _____			<u>2225.00</u>
EXTRA FOOTAGE _____	@		
MILEAGE _____	@	<u>7.00</u>	<u>350.00</u>
MANIFOLD _____	@		
<u>Heratner</u>	@	<u>200.</u>	<u>200.00</u>
<u>light vehicle 50</u>	@	<u>4.00</u>	<u>200.00</u>
			TOTAL <u>2975.00</u>

PLUG & FLOAT EQUIPMENT

<u>4 1/2</u>			
<u>1-Butt weld float shoe</u>	@	<u>327.00</u>	<u>327.00</u>
<u>1-Rubber plug</u>	@	<u>71.00</u>	<u>71.00</u>
_____	@		
_____	@		
			TOTAL <u>398.00</u>

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist-owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____
 TOTAL CHARGES 11495.10
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME James Wilson
 SIGNATURE James Wilson

TYPE

NOTICE OF INTENTION TO DRILL

C-1

TO BE FILED WITH THE STATE CORPORATION COMMISSION
PRIOR TO COMMENCEMENT OF WELL

API Number 15-007-20,354
(For office use only)

1. Operator Okmar Oil Company
970 4th. Financial Center
Address Wichita, Kansas 67202

Starting Date October 10, 1975

County Barber

2. Contractor Union Drilling Co., Inc.
505 Union Center Building
Address Wichita, Kansas 67202

Sec. 11 Twp. 35 S Rge. 13 ^{XXX}_W

Spot Location C NW NE

3. Type of Equipment: Rotary Cable Tool

Nearest Lease Line 660 ft.

4. Well to be Drilled for: Oil Gas

Lease Name Achenbach "A"

Disposal Input Other

Well No. 2

5. Depth of Deepest Fresh Water within 1 mile Unknown ft.

Est. Total Depth 4950 ft.

6. Depth of Municipal Water Well within 3 miles None ft.

7. Depth to Protect all Fresh Water 150 ft.

8. Amount of Surface Casing to be set 325 ft.

9. Alternate No. 1 No. 2

REMARKS:

OPERATOR STATES THAT HE WILL COMPLY WITH K. S. A. 55-128

Samples will be saved on this well.

Signature of Operator

Don W. Beauchamp
Don W. Beauchamp

34-7312-S-21-90



1-73-20M

MAILED

SEP 24 1975

CONSERVATION DIVISION
WICHITA, KANSAS

LAUGHLIN-SIMMONS & CO. OF KANSAS, INC.
 OILWELL ELEVATIONS AND LOCATIONS
 W. 18TH STREET WICHITA, KANSAS 67203 (316) 943-5351

9-28-75

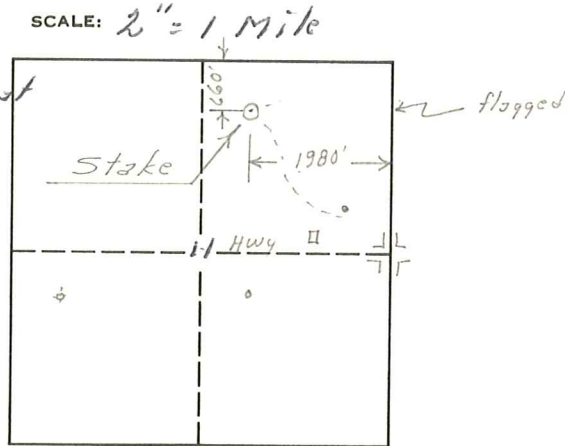
Barber	11	35s	13w	C	NW	NE	DATE
COUNTY	S	T	R	LOCATION			
Okmar Oil				2	Auchenbach "A"		
OPERATOR				NO.	FARM		

ELEVATION: 1491 Gr.

Okmar Oil Company
 970 Fourth Financial Center
 Wichita, KS

5' Rod - 1' wood stake
 Moderately sloping wheat
 stubble field. Terraced.
 (with cattle).

Midway between two
 terraces 100' apart.



MINIMUM STAKING CHARGE: \$80.00
 (INCLUDES GROUND ELEVATION)
 EXTRA TIME & MILEAGE: _____
 ELEVATION CHARGE: _____
 TOTAL: \$80.00

Thank you,
 R. E. Doser

L-S SURVEYOR

Laughlin-Simmons & Co. of Kansas, Inc. is not liable in case of errors and/or omissions.