



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1090889
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

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

1090889

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

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

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	BEREXCO LLC
Well Name	Sprott 1
Doc ID	1090889

Tops

Name	Top	Datum
Heebner Shale	3993	-1509
Lansing	4074	-1590
Marmaton	4510	-2026
Pawnee	4604	-2120
Ft Scott	4635	-2151
Mississippi	4738	-2254
RTD	4860	
LTD	4855	



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER **37014**

LOCATION Oakley US

FOREMAN Miles Shaw

WELL FILE

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-3-12	1707	Sprint #1	1	24S	25S	1st Johnson
CUSTOMER Beredas			Set more 75 to Rd F SW 20-14 side			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			399	Bobby S		
STATE			460	Jim		
ZIP CODE						

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 300 CASING SIZE & WEIGHT 8 7/8 20'
 CASING DEPTH 295.75 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.36 WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 17 1/2 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting and rig up on Beredas rig #2 Circulating casing mix 250 sks common 30 calcium 20 gal Released plug displaced 17 1/2 bbls Water Shut in Cement did circulate Approx 9 bbls to D.I

Basket on Sprint #1

Thanks Miles & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1085.00	1085.00
5406	40	MILEAGE	5.00	200.00
5407A	11.75	Tom Mileage delivery	1.67	785.20
11045	250 SKS	Common Class "A" Cement	17.65	4412.50
1102	705 #	Calcium chloride	.89	627.45
1118B	470 #	Bentonite gel	.25	117.50
4432	1	8 5/8 wooden plug	91.00	91.00
4106	1	8 5/8 Basket	367.00	367.00
		Subtotal		7690.65
		less 10% discount		769.07
		Subtotal		6921.58
		SALES TAX		376.85
		ESTIMATED TOTAL		7298.43

completed

AUTHORIZATION: [Signature]

251791

TITLE _____ DATE _____

acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form

P.O. BOX 884
CHANUTE, KS 66720
PHONE: 620-431-9210
Fax: 620-431-0012



Fax

To: Richard Smith - Berexco **From:** Cassie Hale

Fax: 316-1081-4734 **Pages:** 3

Phone: _____ **Date:** 8/16/2012

Re: _____ **cc:** _____

- Urgent For Review Please Comment Please Reply Please Recycle



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 252056

Invoice Date: 08/16/2012 Terms: 10/10/30,n/30

Page 1

BEREXCO, LLC
P.O. BOX 723
HAYS KS 67601
(316) 265-3311

SPROTT #1
37097
1-24-25
08-11-2012
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	250.00	15.1000	3775.00
1118B	PREMIUM GEL / BENTONITE	860.00	.2500	215.00
1107	FLO-SEAL (25#)	62.00	2.8200	174.84

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-416.48
9995-130	CEMENT EQUIPMENT DISCOUNT	-224.34

Description	Hours	Unit Price	Total
399 P & A NEW WELL	1.00	1325.00	1325.00
399 EQUIPMENT MILEAGE (ONE WAY)	40.00	5.00	200.00
566 TON MILEAGE DELIVERY	1.00	718.40	718.40

Amount Due 6718.53 if paid after 09/15/2012

Parts:	4164.84	Freight:	.00	Tax:	279.26	AR	6046.68
Labor:	.00	Misc:	.00	Total:	6046.68		
Sublt:	-640.82	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/883-7664

PONCA CITY, OK
580/782-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



TICKET NUMBER 37097
 LOCATION Oakley KS
 FOREMAN Miles Shaw

PO Box 884, Chanute, KS 66720
 820-431-9210 or 800-467-6676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-11-12	1707	Spratt #1	1	045	25W	Hudon
CUSTOMER Berco Co			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			395	Dangin		
CITY			566	Jander		
STATE						
ZIP CODE						

JOB TYPE P7B HOLE SIZE 7 7/8 HOLE DEPTH 1650 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting & rig up on Berco Co #2 plus as ordered
1st 20 sks @ 1650'
2nd 20 sks @ 150'
3rd 20 sks @ 200'
4th Top 20 sks @ 160'
RH 30 sks
MA 20 sks
250 sks 60/40 Poz 48 gal 1/4 # Flu seal

Thanks Miles & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	13.25 ⁰⁰	13.25 ⁰⁰
5406	40	MILEAGE	5 ⁰⁰	200 ⁰⁰
5407A	10.75	Ten mileage delivery	1.67	718.40
1131	250 sks	60/40 Poz cement	15.10	3775 ⁰⁰
111PB	860 ⁰⁰	Bentonite gel	.25	215 ⁰⁰
1107	62 ⁰⁰	Flu seal	2.82	174.84
			Subtotal	6408 ²⁴
			less 40 sks account	640 ⁸⁰
			Subtotal	5767 ⁴⁴
			SALES TAX	279.26
			ESTIMATED TOTAL	6046.68

Rev'n 3737

AUTHORIZATION John Roberts TITLE Pillar Days DATE 8-11-12

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

250056



Scale 1:240 (5"=100') Imperial
Measured Depth Log

Well Name: SPROTT #1
Location: N2 SE SE SE SECTION 1, T24S, R25W
License Number: 34318
Spud Date: 08/03/2012
Surface Coordinates: 350 FEET FROM SOUTH LINE OF SECTION
330 FEET FROM EAST LINE OF SECTION
Bottom Hole Coordinates:
Ground Elevation (ft): 2471
Logged Interval (ft): 3900 To: 4860
Formation: MISSISSIPPI
Type of Drilling Fluid: CHEMICAL, ANDY'S MUD
Region: HODGEMAN CO. KS.
Drilling Completed: 08/11/2021
K.B. Elevation (ft): 2484
Total Depth (ft): 4860

Printed by WellSight Log Viewer from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR

Company: BEREXCO LLC.
Address: 2020 NORTH BRAMBLEWOOD
WICHITA, KANSAS 67206

GEOLOGIST

Name: DAVID GOULD (LOGGER)
Company: DMT COMPANY
Address: 532 SUNRISE
PRATT, KANSAS 67124

Comments

CONTRACTOR:
BEREDCO RIG #2

BIT RECORD:
#1 12 1/4 Smith H08276 In @ 0' Out @ 250'
#2 7 7/8 Smith F124 PT9339 In @ 300' Out @ 4860'

PIPE STRAP:
5' Short


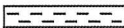
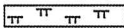
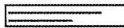
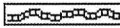




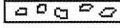
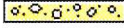

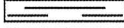
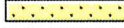
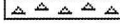


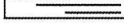
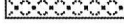
SURVEYS;
4860' 1 Degree

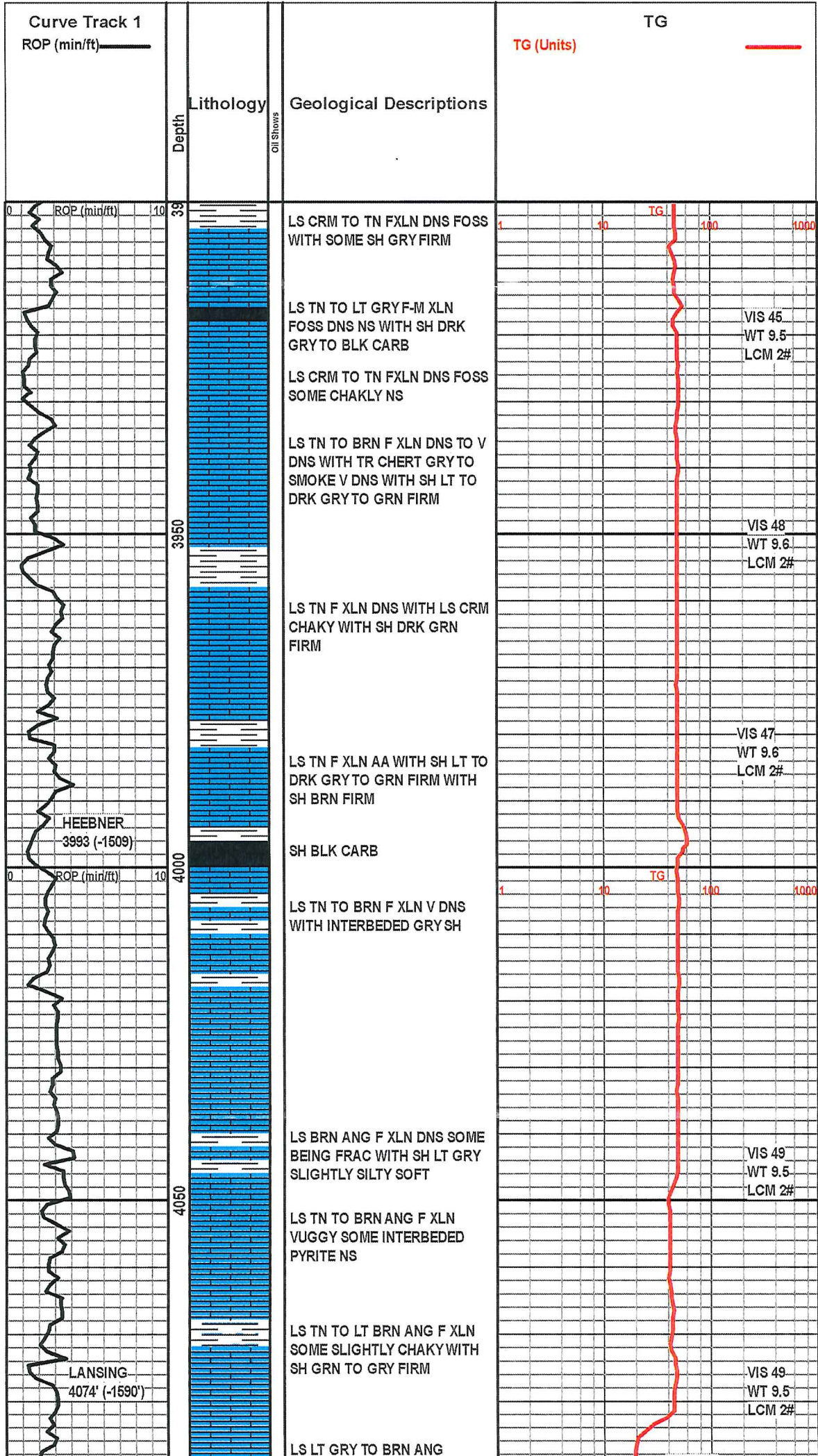
DAILY STATUS @ 7:00 AM:
08/02/2012, Move Rig on Location
08/03/2012, 250', Drill to 300', Set Surface
08/04/2012, 774' Drill Ahead
08/05/2012, 2195', Drill Ahead
08/06/2012, 2856', Drill Ahead

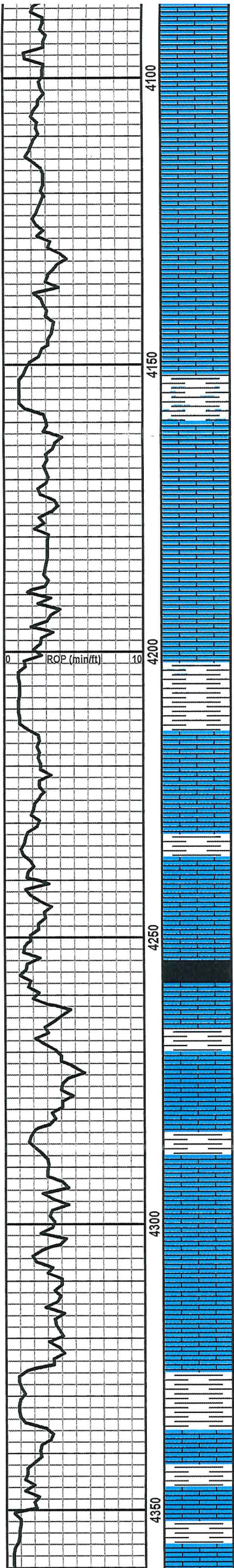
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 08/08/2012, 4072', Drill Ahead
 08/09/2012, 4542', Drill Ahead
 08/10/2012, 4830', Drill Ahead
 08/11/2012, 4560',

LOGGING:

ROCK TYPES

 Anhy	 Clyst	 Gyp	 Mrlst	 Shgy
 Bent	 Coal	 Igne	 Salt	 Slstst
 Brec	 Congl	 Lmst	 Shale	 Ss
 Cht	 Dol	 Meta	 Shcol	 Till





LS LT GRY TO BRN ANG
VUGGY F-M XLN SLIGHTLY
CHERTY NS WITH TR PYRITE

LS CRM TO TN ANG F XLN
SLIGHTLY CHAKYNS WITH
CHERT WHT TO LT GRY ANG
SHARP V DNS

LS AA WITH SH GRY TO LT GRY
SOME SLIGHTLY SILTY

LS CRM TO TN ANG F XLN
SLIGHTLY CHAKY WITH SH GRY
TO DRK GRY FIRM

LS AA WITH LS BRN ANG F-M
XLN DNS NS FOSS WITH SH
DRK GRY TO GRN FIRM

LS AA WITH MORE SH GRY TO
BLK FIRM

LS BRN ANG F XLN V DNS NS
WITH INTERBEDDED PYRIT AND
SH GRY

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SH LT GRY SILTY SOFT

SH BLK CARB

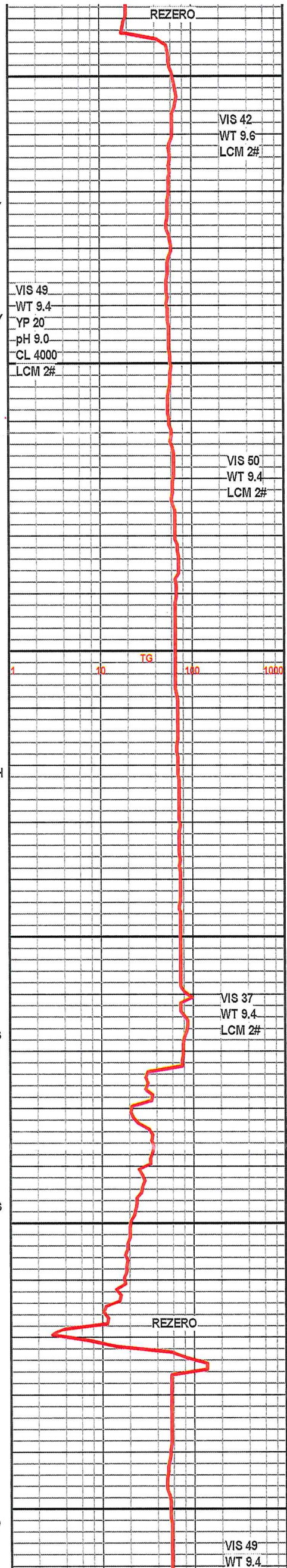
LS CRM TO TN F XLN ANG DNS
WITH SH LT GRY TO GRN FIRM

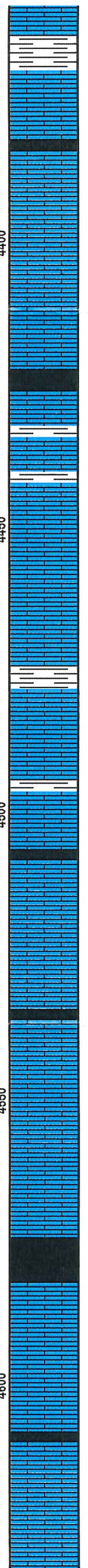
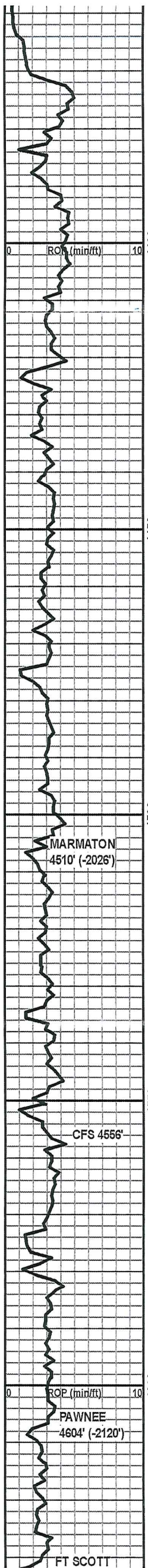
LS LT TN F XLN ANG DNS
POOR FLOR POOR POS NO
ODOR NO CUT

LS CRM TO TN ANG F XLN DNS
NS

LS LT TN ANG FOSS F XLN NS
TR CHERT TN SHARP V DNS
WITH TR PYRITE

LS AA WITH SOME BEING
CHAKLY WITH SH DRK GRY TO
GRN FIRM





LS TN TO BUFF ANG F-M XLN
NS WITH SH GRY TO BLK

LS TN TO LT BRN VUGGY POS
F XLN POOR FLOR NO ODOR
NO CUT

LS LT GRY TO TN TO BRN F-M
XLN ANG DNS WITH SOME CRM
CHAKY WITH SH DRK GRY TO
BLK SOME CARB

LS BRN TO DRK BRN ANG VF
XLN DNS NS WITH SH DRK GRY
FIRM

LS TN F XLN ANG SLIGHTLY
CHAKY DNS NS

LS TN TO BRN TO DRK BRN
SOME V VUGGY POS ANG DNS
NS SOME INTERBEDDED PYRITE
WITH TR CHERT

LS AA WITH LS TN ANG F XLN
DNS NS WITH SH GRY FIRM

LS TN TO LT BRN F XLN F
FRAC POS SLIGHTLY CHAKY NS

SH BLK CARB

LS CRM TO TN F XLN ANG
SLIGHTLY CHAKY NS WITH SH
DRK GRY TO BLK CARB

LS TN TO BUFF VUGGY DNS
POOR FLOR N CUT N STAIN N
ODOR

LS TN F XLN ANY PAL FLOR
SHOW OF FREE OIL IN ONE
PIEACE NO GAS KICK

LS TN TO LT BRN ANG F XLN
DNS SOME F OOLIC POS NS
WITH CHERT BRN V DNS
SHARP

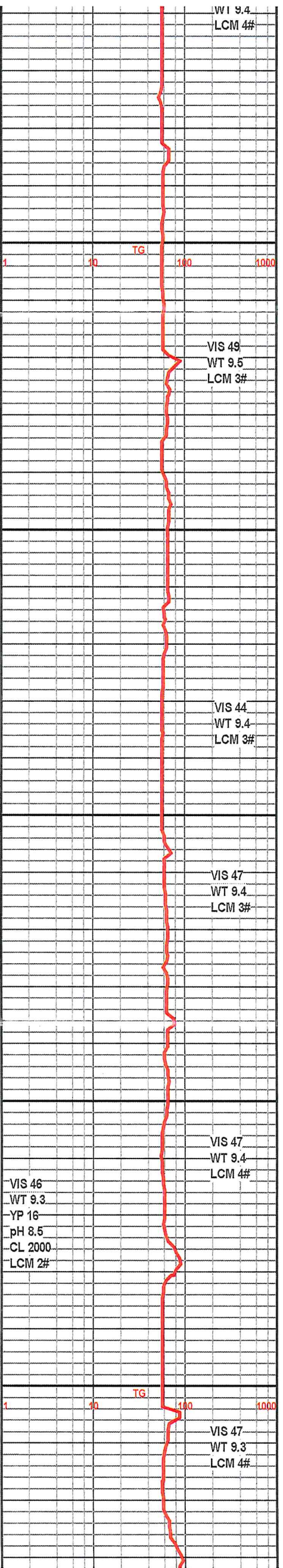
LS AA WITH SH DRK GRY TO
BLK CARB

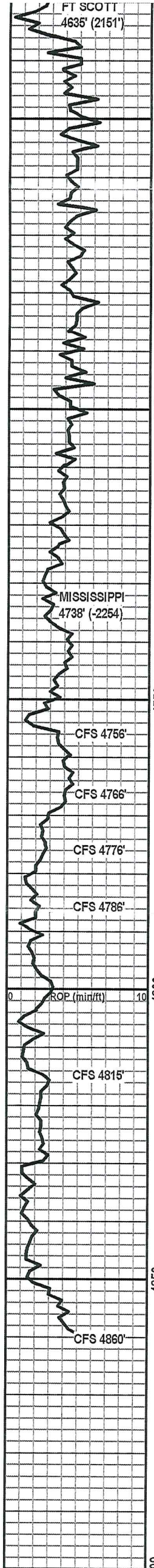
LS LT TN F XLN CHAKY NS

LS BRN TO DRK BRN ANG F
XLN DNS WITH SH GRY TO DRK
GRY

LS AA WITH SH BLK CARB

LS CRM TO TN F XLN FOSS NS
SOME CHAKY





LS AA WITH SH BLK CARB

LS TN TO BRN F TO M XLN SLIGHTLY FOSS DNS NS WITH TR CHERT

LS DRK BRN ANG F XLN V DNS WITH SH DRK GRN TO GRY FIRM

LS CRM TO TN ANG F XLN DNS WITH CHERT WHT ANG V DNS

LS AA WITH CHERT WHT TO OFF WHT SHARP WITH TR PYRITE

LS DRK BRN TO DRK GRY ANG F XLN NS DNS

LS TN TO CRM ANG F XLN MOSTLY DNS WITH SOME CHAKY NS

LS LT TN TO CRM F XLN V POOR XLN POS NS WITH TR CHERT WHT TO TN TO ORG ANG V DNS

LS AA WITH SOME BEING CHAKY NS WITH CHERT WHT TO TRANS SHARP V DNS NS

LS AA WITH CHERT DRK BRN TO BLK ANG V DNS

LS CRM TO TN F XLN DNS POOR XLN POS V POOR FLOR NO CUT NO ODOR

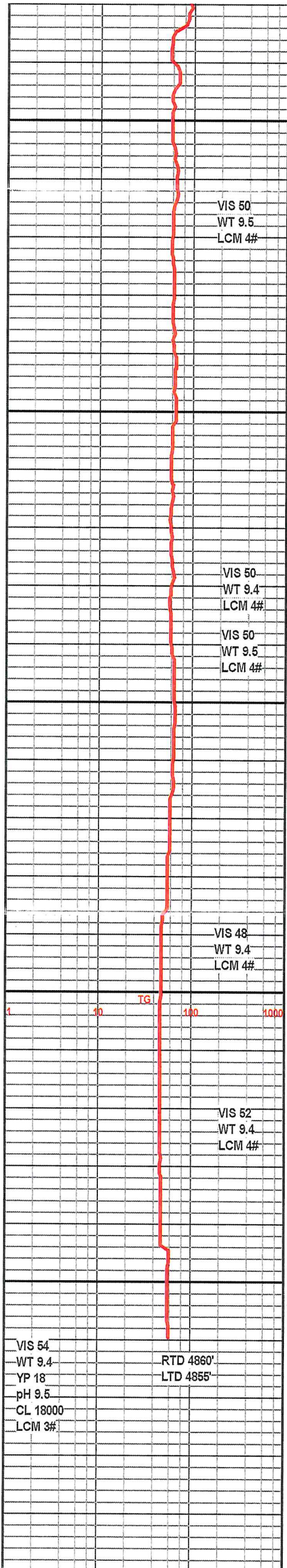
LS CRM TO TN AA WITH SOME BEING CHAKY NS WITH CHERT WHT TO TN SHARP NS

LS TN TO CRM F XLN SOME CHAKY SOME FOSS ANY NS WITH MULI COLOR CHERT SHARP V DNS

LS AA WITH LS LT GRY F XLN ANG DNS WITH F XLN POS NS

LS LT BRN F TO M XLN F TO G PIN POS SLIGHT STAINING NO FLOR NO CUT NO ODOR

DOL SLIGHTY LIMY LT GRY TO GRY FXLN ANG TO SUB ANG F-G INTER GR POS VUGGY NS NOTE LOTS OF LS FROM ABOVE IN 60 MIN. SAMPLE



VIS 50
WT 9.5
LCM 4#

VIS 50
WT 9.4
LCM 4#

VIS 50
WT 9.5
LCM 4#

VIS 48
WT 9.4
LCM 4#

VIS 52
WT 9.4
LCM 4#

VIS 54
WT 9.4
YP 18
pH 9.5
CL 18000
LCM 3#

RTD 4860'
LTD 4855'

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner

Sam Brownback, Governor

August 16, 2012

Bruce Meyer
BEREXCO LLC
2020 N. BRAMBLEWOOD
WICHITA, KS 67206-1094

Re: ACO1
API 15-083-21825-00-00
Spratt 1
SE/4 Sec.01-24S-25W
Hodgeman County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Bruce Meyer