

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 <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 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
<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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Summary of Changes

Lease Name and Number: Bane C 1-9

API/Permit #: 15-189-22762-00-02

Doc ID: 1091940

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	08/27/2012	08/28/2012
Perf_Depth_2		6346 - 6355
Perf_Material_2		31,000 gallons 70/30 quality nitrogen foam & 30,000# 20/40 sand frac
Save Link	../../../../kcc/detail/operatorE ditDetail.cfm?docID=10 91829	../../../../kcc/detail/operatorE ditDetail.cfm?docID=10 91940



CONFIDENTIAL

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
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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

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: _____



1091829

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							
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ALLIED OIL & GAS SERVICES, LLC KB 052606

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal, K.S.

DATE <u>8-9-12</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>3:30 pm</u>	JOB FINISH <u>4:30 pm</u>
LEASE <u>BASE C</u>		WELL# <u>1-7</u>		LOCATION <u>NE of LIBERAL, KS</u>		COUNTY <u>STEVENS</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)							

CONTRACTOR <u>BEREXCO INC</u>	OWNER
TYPE OF JOB <u>4 1/2" Production Log</u>	
HOLE SIZE <u>7 7/8"</u> T.D. <u>6684'</u>	
CASING SIZE <u>4 1/2"</u> DEPTH <u>6685.99'</u>	
TUBING SIZE DEPTH	
DRILL PIPE DEPTH	
TOOL DEPTH	
PRES. MAX MINIMUM	
MEAS. LINE SHOE JOINT <u>88.13'</u>	
CEMENT LEFT IN CSG. <u>88.13'</u>	
PERFS.	
DISPLACEMENT <u>102.27</u>	

CEMENT			
AMOUNT ORDERED <u>45x 6014016Z and 1/4# Fl</u>			
<u>50x 6014016Z and 1/4# Fl - Seal</u>			
<u>330x ASC 2.0 and 1025x 1.5# GIL 32 Fl-16</u>			
<u>1/4# Fl - Seal</u>			
COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC <u>330</u>	@	<u>19.00</u>	<u>6270.00</u>
<u>45x Light weight 45</u>	@	<u>14.50</u>	<u>1372.00</u>
	@		
<u>Fl-Seal</u>	<u>106.25</u>	@ <u>2.70</u>	<u>286.88</u>
	@		
<u>Fl-160</u>	<u>92</u>	@ <u>17.20</u>	<u>1582.40</u>
	@		
	@		
	@		
HANDLING <u>424</u>	@	<u>2.25</u>	<u>965.25</u>
MILEAGE			<u>943.50</u>
TOTAL			<u>11425.33</u>

EQUIPMENT	
PUMP TRUCK CEMENTER <u>MILWAU BURGERT</u>	
# <u>531-541</u> HELPER <u>KENNY BAER</u>	
BULK TRUCK <u>RUBEN CHAVEZ</u>	
# <u>FB 527</u> DRIVER	
BULK TRUCK	
# DRIVER	

REMARKS:

THANK YOU!!!

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

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>3175.00</u>
EXTRA FOOTAGE	@		
MILEAGE <u>40</u>	@	<u>7.00</u>	<u>280.00</u>
MANIFOLD <u>1</u>	@	<u>200.00</u>	<u>N/A</u>
<u>Light V Mileage 40</u>	@	<u>4.00</u>	<u>N/A</u>
	@		

TOTAL 3455.00

PLUG & FLOAT EQUIPMENT

<u>Centralizer</u>	<u>19</u>	@ <u>37.00</u>	<u>703.00</u>
<u>Basket</u>	<u>1</u>	@ <u>175.00</u>	<u>175.00</u>
<u>Float Valve</u>	<u>1</u>	@ <u>217.00</u>	<u>217.00</u>
<u>Bottle & Plug</u>	<u>1</u>	@ <u>184.00</u>	<u>184.00</u>
	@		

TOTAL 1161.00

To: Allied Oil & Gas Services, 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 \$ 16,041.33
DISCOUNT _____ IF PAID IN 30 DAYS
\$ 12,191.41 Net

PRINTED NAME Wayne
SIGNATURE David Van Buren

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 27, 2012

Evan Mayhew
BEREXCO LLC
2020 N. BRAMBLEWOOD
WICHITA, KS 67206-1094

Re: ACO1
API 15-189-22762-00-02
Bane C 1-9
NW/4 Sec.09-35S-36W
Stevens 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,
Evan Mayhew