



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1096692
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: _____



1096692

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	BEREXCO LLC
Well Name	Gleason 1-17
Doc ID	1096692

Tops

Name	Top	Datum
Heebner	3958	-1612
Lansing	4050	-1704
Hushpuckney	4330	-1984
Marmatio	4400	-2054
Pawnee	4475	-2129
Ft. Scott	4506	-2160
Cherokee	4550	-2204
Mississippi	4619	-2273
Viola	4866	-2520
Simpson	5072	-2726
Arbuckle	5098	-2752
RTD	5347	
LTD	5352	



TICKET NUMBER 37166
 LOCATION Oakley, KS
 FOREMAN Kelly Gabe

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
9-12-12	1207	Gleason #1-17	17	23	21	Harvey
CUSTOMER		TRUCK #		DRIVER		DRIVER
Mailing Address		399		Damon M		
CITY		460		Was F		
STATE						
ZIP CODE						

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 300 CASING SIZE & WEIGHT 8 5/8 24.5
 CASING DEPTH 300 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 148 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 20'
 DISPLACEMENT 17 3/4 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting, rigged up on Beredco drilling, mixed up to circulate, mix 250 sks com 390cc 290gal released Plug displaced with 17 3/4 bbl water, shut in, washed out pumps, rigged

Cement did circulate
Approx 7 bbl top it

Thank you Kelly Gabe

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1085.00	1085.00
5406	40 mi	MILEAGE	5.00	200.00
11045	250 SKS	Class A Cement	17.65	4412.50
1102	705 #	Calcium Chloride	1.89	1327.95
118B	470 #	Bentonite	0.25	117.50
54107A	11.75	Tom mileage delivery	6.72	788.20
4432	1	8 5/8 Wooden Plug	96.00	96.00
				7323.65
				732.37
				6591.28
SALES TAX				352.24
ESTIMATED TOTAL				16435.2

Completed

SEP 20 2012

Ravin 3737
 AUTHORIZATION [Signature] TITLE Tech DATE 9-13-12

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account record, are in effect for services identified on this form.

252826



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Berexco LLC
2020 N. Bramblewood
Wichita Ks.67206
ATTN: David Gould

17-23s-21w Hodgeman Ks
Gleason#1-17
Job Ticket: 49607 **DST#: 1**
Test Start: 2012.09.21 @ 08:09:43

GENERAL INFORMATION:

Formation: **Miss.**
Deviated: No Whipstock: 7.87 ft (KB)
Time Tool Opened: 11:39:13
Time Test Ended: 17:55:43
Interval: **4598.00 ft (KB) To 4640.00 ft (KB) (TVD)**
Total Depth: 4640.00 ft (KB) (TVD)
Hole Diameter: inches Hole Condition: Poor
Test Type: Conventional Bottom Hole (Initial)
Tester: Gary Pevoteaux
Unit No: 56
Reference Elevations: 2346.00 ft (KB)
2333.00 ft (CF)
KB to GR/CF: 13.00 ft

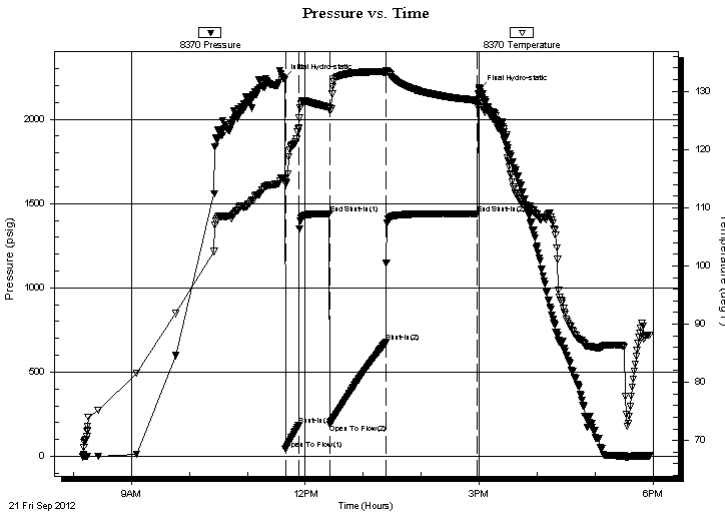
Serial #: 8370

Inside

Press @ Run Depth: 679.09 psig @ 4599.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2012.09.21 End Date: 2012.09.21 Last Calib.: 2012.09.21
Start Time: 08:09:48 End Time: 17:55:43 Time On Btm: 2012.09.21 @ 11:37:43
Time Off Btm: 2012.09.21 @ 14:59:58

TEST COMMENT: IF: Strong blow . B.O.B. in 8 mins.
IS: No blow .
FF: Strong blow . B.O.B. in 8 - 9 mins.
FS: No blow .

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2239.30	115.13	Initial Hydro-static
2	43.66	114.06	Open To Flow (1)
16	185.97	123.74	Shut-In(1)
48	1440.21	127.14	End Shut-In(1)
48	192.01	126.68	Open To Flow (2)
106	679.09	133.30	Shut-In(2)
200	1440.37	128.41	End Shut-In(2)
203	2172.59	128.77	Final Hydro-static

Recovery

Gas Rates

Length (ft)	Description	Volume (bbl)
160.00	WM 45%w 55%m	2.24
185.00	MW 37%m 63%w	2.60
1150.00	SW /Rw .96ohms @87deg	16.13

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Berexco LLC
2020 N. Bramblewood
Wichita Ks.67206
ATTN: David Gould

17-23s-21w Hodgeman Ks
Gleason#1-17
Job Ticket: 49607 **DST#: 1**
Test Start: 2012.09.21 @ 08:09:43

Mud and Cushion Information

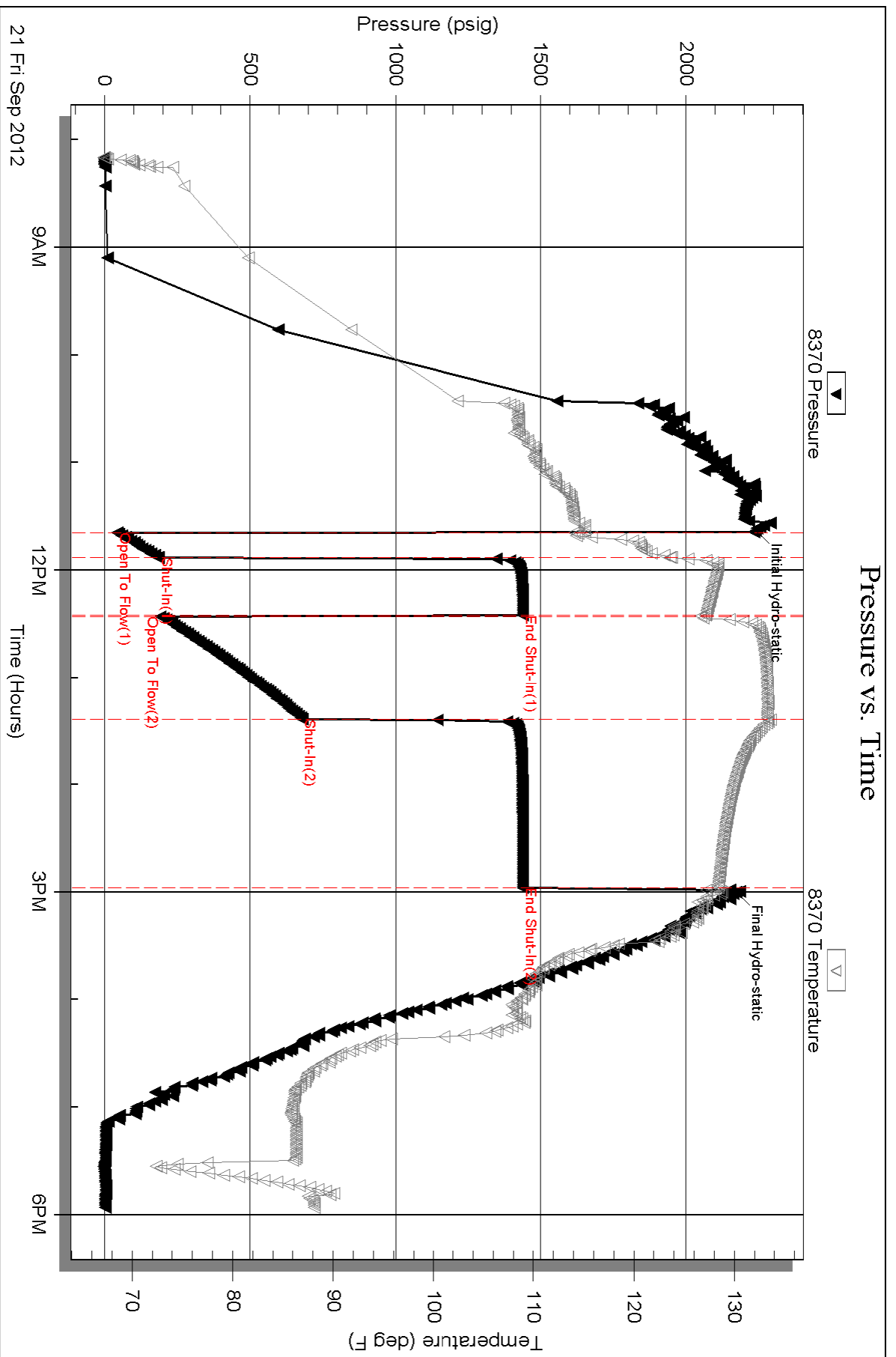
Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity: 66000 ppm	
Viscosity: 39.00 sec/qt	Cushion Volume: bbl		
Water Loss: 11.99 in ³	Gas Cushion Type:		
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig		
Salinity: 6000.00 ppm			
Filter Cake: 0.20 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
160.00	WM 45%w 55%m	2.244
185.00	MW 37%m 63%w	2.595
1150.00	SW /Rw .96ohms @87deg	16.131

Total Length: 1495.00 ft Total Volume: 20.970 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #: none
Laboratory Name: Laboratory Location:
Recovery Comments:





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

Well Name: GLEASON #1
 Location: NE NW SW NE SEC. 17 23S 21W
 License Number: 34317, API# 15-083-21842
 Spud Date: _____
 Surface Coordinates: 1635' FROM NORTH LINE OF SECTION
 2270' FROM EAST LINE OF SECTION
 Bottom Hole Coordinates: 1635' FROM NORTH LINE OF SECTION
 2270' FROM EAST LINE OF SECTION
 Ground Elevation (ft): 2333' K.B. Elevation (ft): 2346'
 Logged Interval (ft): 3900' To: 5347 Total Depth (ft): 5347
 Formation: MISSISSIPPI
 Type of Drilling Fluid: CHEMICAL, ANDY'S MUD
 Region: HODGEMAN CO. KS.
 Drilling Completed: _____

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

OPERATOR

Company: BEXEXCO
 Address: 2020 NORTH BRAMBLEWOOD
 WICHITA, KANSAS 67206

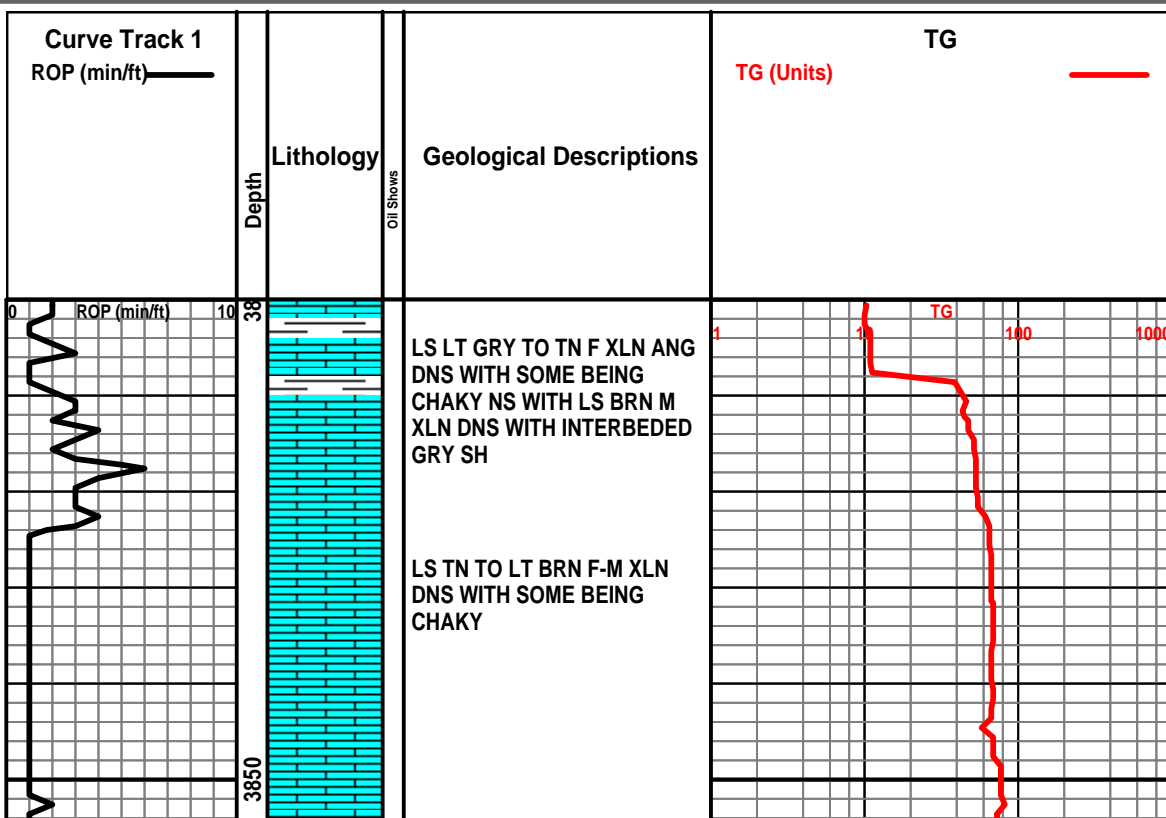
GEOLOGIST

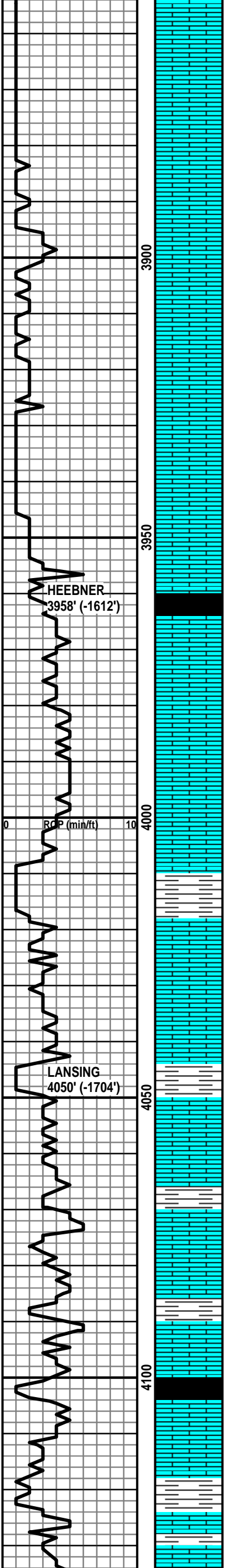
Name: DAVID GOULD (LOGGER)
 Company: DMT COMPANY
 Address: 532 SUNRISE
 PRATT, KANSAS 67124

Comments

ROCK TYPES

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





LS TN TO OFF WHT F XLN CHAKY

LS BRN TO LT GRY ANG F-M XLN DNS NS WITH SH GRY TO GRN FIRM

SH BLK CARB

LS BRN ANG F XLN VUGGY FOSS NS WITH TR PYRITE

LS TN TO BRN F-M XLN DNS TO V DNS NS WITH SH GRY TO GRN FIRM

VIS 41
WT 9.3
YP 20
pH 8.0
CL 14,000
LCM 1.5#

AA WITH INTERBEDED PYRITE WITH SH GRY TO BLK FIRM

LS BRN F XLN V DNS INTERBEDED PYRITE WITH TR CHERT WITH SH GRY TO LT GRY SOFT

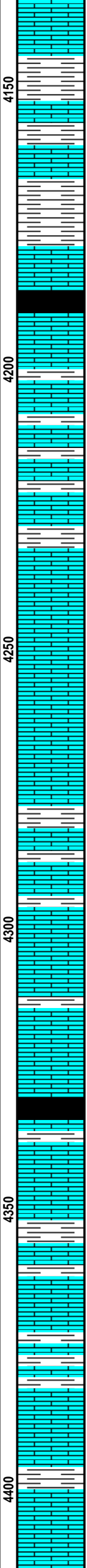
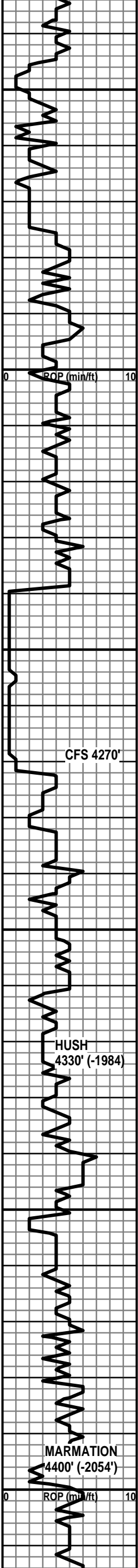
SH BLK CARB

HEEBNER
3958' (-1612')

LANSING
4050' (-1704')

ROP (min/ft)

TG 10 100 1000



LS BRN F XLN ANG VUGGY NS
WITH SH GRY SOFT

SH BLK CARB

LS CRM TO TN F XLN DNS NS
WIT TR CHERT SHARP V DNS

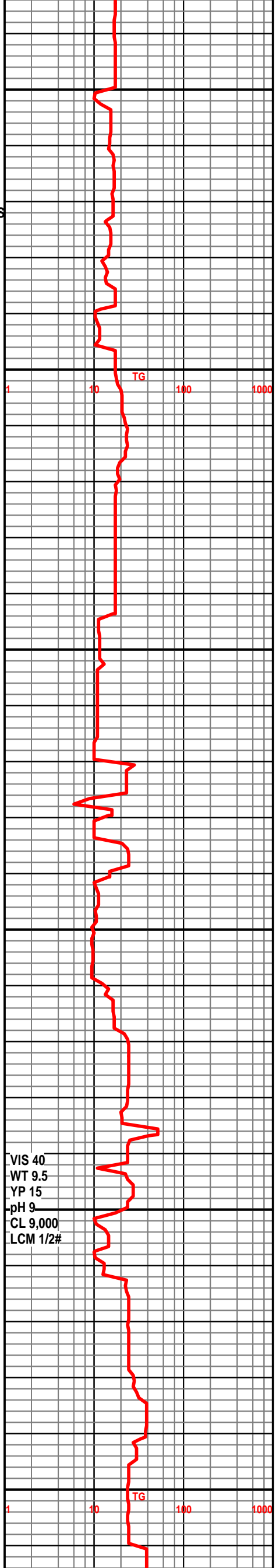
LS LT GRY TO TN F XLN DNS
NS WITH SH GRY TO BRN
SOFT TO FIRM

LS TN TO CRM ANG F XLN G
OOLIC POR YEL FLOR N CUT

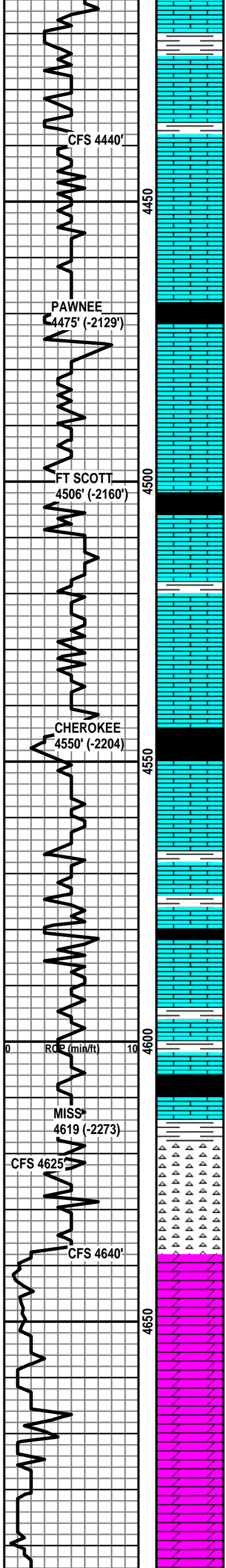
CFS 4270'

HUSH
4330' (-1984)

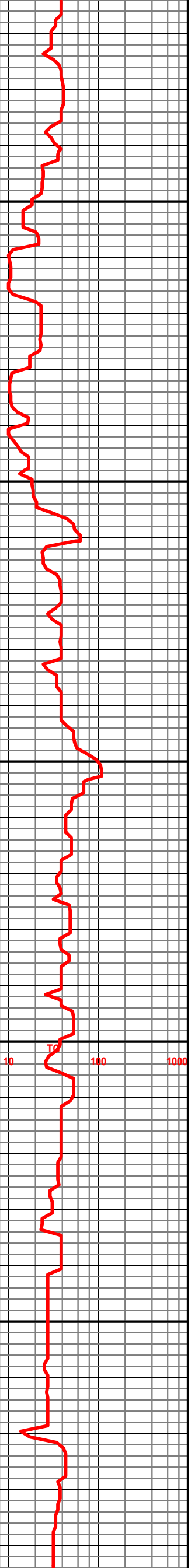
MARMATION
4400' (-2054')

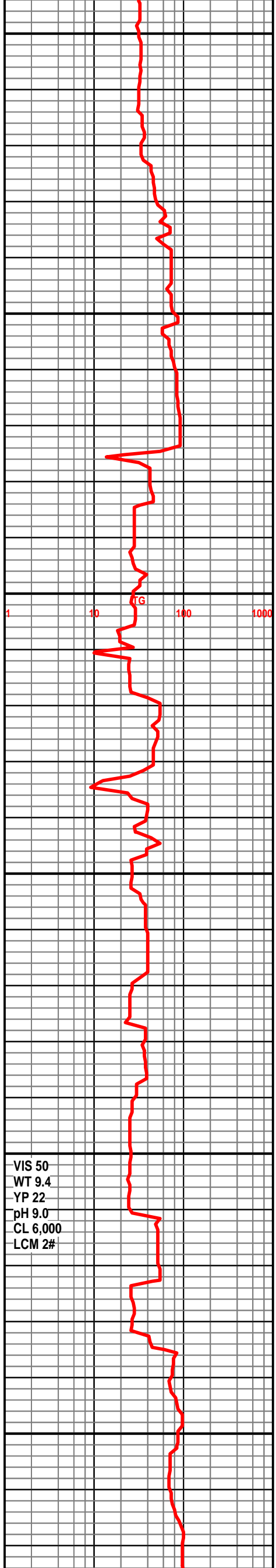
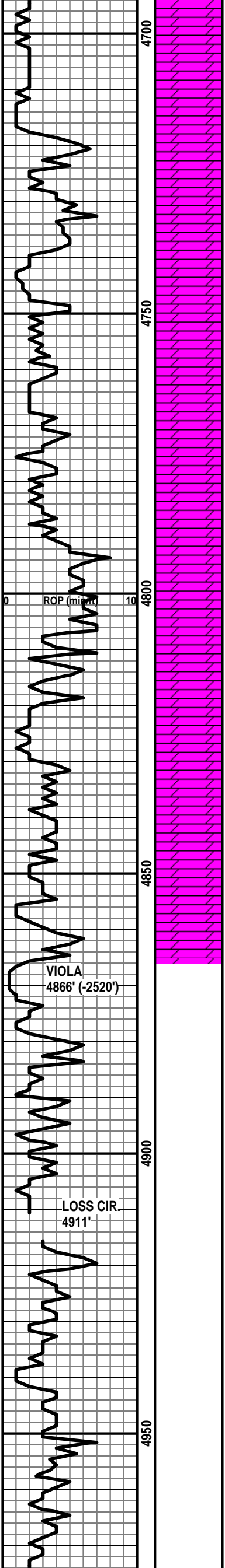


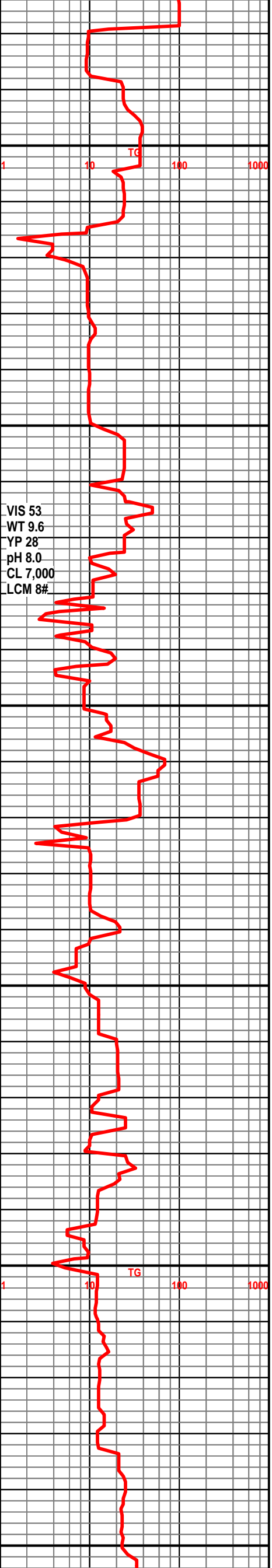
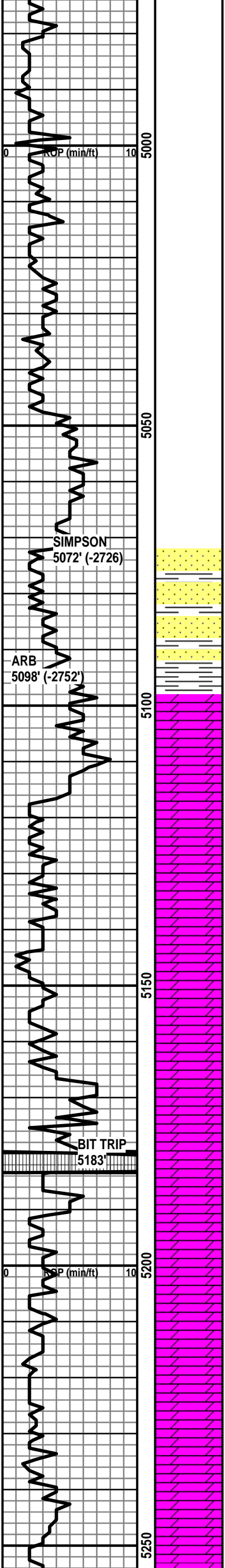
VIS 40
WT 9.5
YP 15
pH 9
CL 9,000
LCM 1/2#

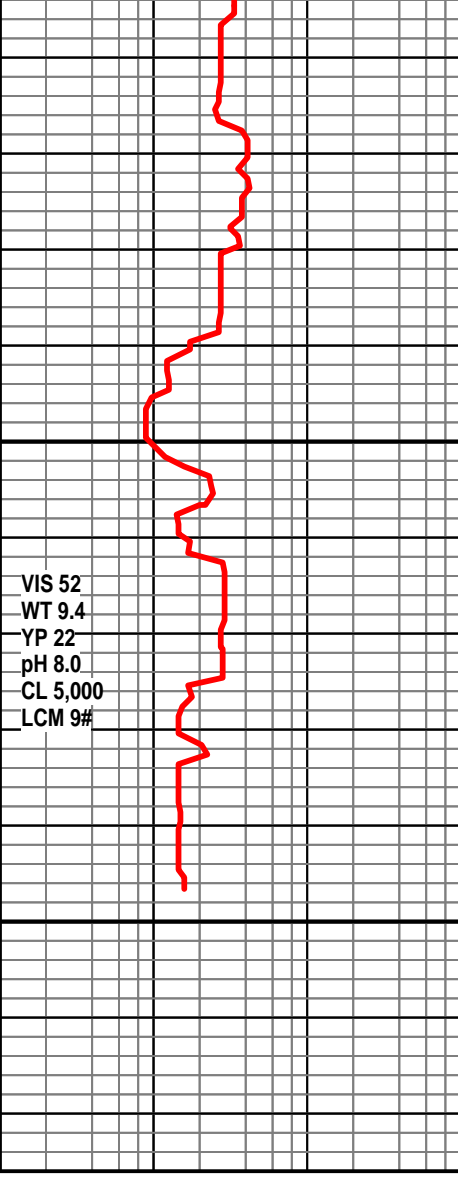
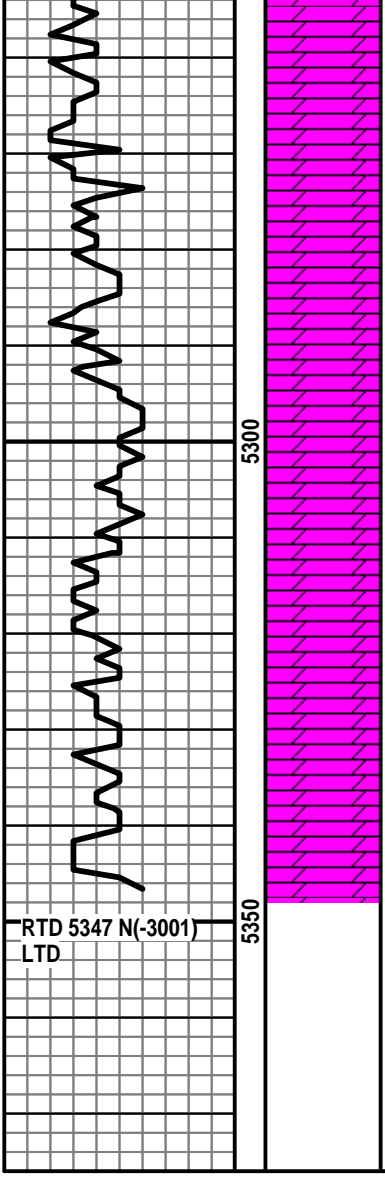


VIS 34
 WT 9.5
 YP 10
 pH 10.5
 CL 8,000
 LCM 2#











CONSOLIDATED
Oil Well Services, LLC

WCC File

TICKET NUMBER 36747
LOCATION On Hwy
FOREMAN Fuzz4

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

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-26-12	1707	Gleason 1-17	17	23	21	Hodgeman
CUSTOMER Berardo LLC			Houston C. Rd 233 S. Park 112 W S. N			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			520	John S.		
STATE			566	Jim		
ZIP CODE			530	Merle		
				Robbys	Ride along	

JOB TYPE 2-stage HOLE SIZE 7 7/8 HOLE DEPTH 5347' CASING SIZE & WEIGHT 5 1/2 15.5
CASING DEPTH 5164 1/2 DRILL PIPE _____ TUBING _____ OTHER DU Tool @ 1493 30
SLURRY WEIGHT 13.8-12.5 SLURRY VOL 1.42-1.9 WATER gal/sk _____ CEMENT LEFT in CASING 85 70
DISPLACEMENT 120.8 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Berardo #2 run flat equip Cont #1, 2, 4, 6, 8, 10, 12
14, 99 Baskets above and below DU Tool, DU Tool Top @ 87. Rig up and circulate @
65 spm and 2 hrs on bottom. Pump 5 BBL water mix 200gsk 60/40 seal 1/4" loss
5" Kolsoal Tail with 125gsk OWC w/ 5" Kolsoal. Wash pump and lines. Drop plug
and displace with 5 BBL water, 96 BBL mud. 1100' lift land @ 1600' flathead Drop
DU Bomb wait 10 min open Tool @ 1000' circ 1/4" hrs. Pump 5 BBL water mix 30
gsk 2H, 20gsk in MH. Mix 350gsk 60/40 pos seal 1/4" loss. Wash pump
and lines Drop plug and displace 35 1/2 BBL, 700' lift close DU Tool @ 1800'
Cement did circulate approx 20 BBL to pit

Thanks Fuzz4 & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3020 ⁰⁰	3020 ⁰⁰
5406	80	MILEAGE <u>M2</u>	5 ⁰⁰	400 ⁰⁰
5407A	31.7 ton	Ton mileage Delivery	1 ⁶⁷	4235 ²⁰
1126	125gsk	OWC	22 ²⁵	2818 ⁷⁵
1131	200gsk	60/40 pos (Bottom stage)	15 ¹⁰	3020 ⁰⁰
1131	400gsk	60/40 pos (Top stage)	15 ¹⁰	6040 ⁰⁰
1110A	1625#	Kol-soal	156	910 ⁰⁰
1118B	4128#	Bentonite	25	1032 ⁰⁰
1107	150#	Flo Seal	2 ⁸²	423 ⁰⁰
4255	1	5 1/2 - Triplex shoe (FR)	1466 ⁰⁰	1466 ⁰⁰
4454	1	5 1/2 - Hatchdown Assy (W)	567 ⁰⁰	567 ⁰⁰
4136	9	5 1/2 - Turbolizers (W)	72 ⁰⁰	648 ⁰⁰
4104	3	5 1/2 - Baskets (W)	276 ⁰⁰	828 ⁰⁰
4283	1	5 1/2 - DU Tool (W)	4800 ⁰⁰	4800 ⁰⁰
		subtotal		30207.95
		less 1090		3020.80
		subtotal		27187.15

completed

AUTHORIZATION Mark [Signature] TITLE Foreman DATE _____
SALES TAX ESTIMATED TOTAL 1512.17
28699.32

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

253252

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
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

November 08, 2012

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

Re: ACO1
API 15-083-21842-00-00
Gleason 1-17
NE/4 Sec.17-23S-21W
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