

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1139396

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 # | | | API No. 15 | | | | | |
|------------------------------------|-------------------------------|--------------------------|---|--|--|--|--|--|
| Name: | | | Spot Description: | | | | | |
| Address 1: | | | Sec | TwpS. R | | | | |
| Address 2: | | | Feet | from $\ \square$ North / $\ \square$ South Line of Section | | | | |
| City: St | ate: Ziŗ | D:+ | Feet | from East / West Line of Section | | | | |
| Contact Person: | | | Footages Calculated from Ne | arest Outside Section Corner: | | | | |
| Phone: () | | | □ NE □ NW | □ SE □ SW | | | | |
| CONTRACTOR: License # | | | GPS Location: Lat: | , Long: | | | | |
| Name: | | | | . xx.xxxxx) (e.gxxx.xxxxx) | | | | |
| Wellsite Geologist: | | | Datum: NAD27 NAD83 WGS84 | | | | | |
| Purchaser: | | | County: | | | | | |
| Designate Type of Completion: | | | Lease Name: Well #: | | | | | |
| New Well Re- | ·Fntrv | Workover | Field Name: | | | | | |
| | _ | | Producing Formation: | | | | | |
| ☐ Oil ☐ WSW | ☐ SWD ☐ ENHR ☐ GSW | ☐ SIGW☐ SIGW☐ Temp. Abd. | Elevation: Ground: | Kelly Bushing: | | | | |
| ☐ Gas ☐ D&A ☐ OG | | | Total Vertical Depth: | Plug Back Total Depth: | | | | |
| CM (Coal Bed Methane) | G3W | iemp. Abd. | Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used? | | | | | |
| Cathodic Other (Core | Expl etc.) | | | | | | | |
| If Workover/Re-entry: Old Well Inf | | | | Feet | | | | |
| Operator: | | | | nent circulated from: | | | | |
| Well Name: | | | , , | w/sx cmt. | | | | |
| Original Comp. Date: | | | loot doparto. | W, | | | | |
| | _ | NHR Conv. to SWD | | | | | | |
| Deepening Re-perf. Plug Back | Conv. to GS | | Drilling Fluid Management F (Data must be collected from the | | | | | |
| Commingled | Permit #: | | Chloride content: | ppm Fluid volume: bbls | | | | |
| Dual Completion Permit #: | | Dewatering method used: | | | | | | |
| SWD | · | | | Location of fluid disposal if hauled offsite: | | | | |
| ☐ ENHR | Permit #: | | On and an Name | | | | | |
| GSW | Permit #: | | | | | | | |
| | | | | License #: | | | | |
| • | Reached TD Completion Date or | | | TwpS. R | | | | |
| Recompletion Date | | Recompletion Date | 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: | | | | | | | |

Page Two



| Operator Name: | | | | _ Lease I | Name: _ | | | Well #: | |
|--|---|--------------|--|--------------------------|---|-------------------------------------|--------------------|--------------------|------------------------------|
| Sec Twp | S. R | East | West | County | : | | | | |
| INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to | ring and shut-in press o surface test, along v | ures, whe | ther shut-in pre chart(s). Attach | ssure reac extra shee | hed stati | c level, hydrosta space is neede | tic pressures, b | ottom hole temp | erature, fluid recov |
| Final Radioactivity Lo files must be submitted | | | | | | ogs must be ema | liled to kcc-well- | logs@kcc.ks.go | v. Digital electronic |
| Drill Stem Tests Taker (Attach Additional | | Y | es No | | ☐ L Nam | J | on (Top), Depth | | Sample |
| Samples Sent to Geological Survey | | | | No | | е | | Тор | Datum |
| Cores Taken Electric Log Run | | | es No | | | | | | |
| List All E. Logs Run: | | | | | | | | | |
| | | | | RECORD | Ne | | | | |
| | 0: 11.1 | | | | | ermediate, product | | " 0 1 | T 15 |
| Purpose of String | Size Hole Drilled | | ze Casing t (In O.D.) | Weig Lbs. | | Setting Depth | Type of Cement | # Sacks Used | Type and Percer Additives |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | ADDITIONAL | CEMENTI | NG / SQL | JEEZE RECORD | | | |
| Purpose: | Depth Top Bottom | Туре | of Cement | # Sacks | # Sacks Used Type and Percent Additives | | | | |
| Perforate Protect Casing | Top Dottom | | | | | | | | |
| Plug Back TD Plug Off Zone | | | | | | | | | |
| 1 lug 0 li 20 lio | | | | | | | | | |
| Did you perform a hydrau | ulic fracturing treatment | on this well | ? | | | Yes | No (If No, s | skip questions 2 a | nd 3) |
| Does the volume of the t | | | - | | - | | _ ` ` | skip question 3) | |
| Was the hydraulic fractur | ing treatment informatio | n submitted | to the chemical of | disclosure re | gistry? | Yes | No (If No, 1 | ill out Page Three | of the ACO-1) |
| Shots Per Foot | | | RD - Bridge Plug Each Interval Perl | | | | cture, Shot, Ceme | nt Squeeze Recor | rd Depth |
| | | | | | | (* * | | | 200 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| TUBING RECORD: | Size: | Set At: | | Packer A | t· | Liner Run: | | | |
| | | 0017111 | | | | [| Yes N | o | |
| Date of First, Resumed | Production, SWD or EN | HR. | Producing Meth | nod: | g 🗌 | Gas Lift (| Other (Explain) | | |
| Estimated Production Per 24 Hours | Oil | Bbls. | Gas | Mcf | Wat | er B | bls. | Gas-Oil Ratio | Gravity |
| DIODOCITI | 01.05.040 | | | 4ETUOD 05 | . 00145/ | TION: | | DDOD! ICT! | |
| DISPOSITION Solo | ON OF GAS: Used on Lease | | N Open Hole | ∥ETHOD OF Perf. | _ | | nmingled | PRODUCTION | ON INTERVAL: |
| | bmit ACO-18.) | | Other (Specify) | | (Submit | | mit ACO-4) | | |

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/

Sam Brownback, Governor

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner

May 14, 2013

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

Re: ACO1 API 15-171-20591-00-01 Grube 21-1 SWD SW/4 Sec.21-18S-31W Scott 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