



Confidentiality Requested:

Yes No

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: _____



1154845

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	BEREXCO LLC
Well Name	Tjaden 'A' 6-13
Doc ID	1154845

Tops

Name	Top	Datum
Heebner Sh.	3130	-1645
Douglas	3160	-1675
Lansing	3338	-1853
Kansas City	3621	-2136
Stark	3780	-2295
Hertha	3817	-2332
Kansas City (Base)	3885	-2400
Cherokee Sh.	4020	-2535
Mississippi	4126	-2641
RTD	4400	-2915
LTD	4400	-2915

Summary of Changes

Lease Name and Number: Tjaden 'A' 6-13

API/Permit #: 15-095-22271-00-00

Doc ID: 1154845

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	07/12/2013	08/12/2013
CasingAdd_Type_PctP DF_1	4% gel, 3%cc, 1/4# flakes	4 yards of cement = ? sacks
CasingAdd_Type_PctP DF_2	4% gel, 1/4# flakes, 6# gilsonite	4% gel, 3%cc, 1/4# flakes
CasingAdd_Type_PctP DF_3		4% gel, 1/4# flakes, 6# gilsonite
CasingNumbSacksUse dPDF_1	230	4
CasingNumbSacksUse dPDF_2	250	230
CasingNumbSacksUse dPDF_3		250
CasingPurposeOfString PDF_1	Surface	Conductor
CasingPurposeOfString PDF_2	Production	Surface
CasingPurposeOfString PDF_3		Production

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
CasingSettingDepthPDF_1	310	40
CasingSettingDepthPDF_2	4400	310
CasingSettingDepthPDF_3		4400
CasingSizeCasingSetPDF_1	8.625	20
CasingSizeCasingSetPDF_2	5.50	8.625
CasingSizeCasingSetPDF_3		5.50
CasingSizeHoleDrilledPDF_1	12.25	30
CasingSizeHoleDrilledPDF_2	7.875	12.25
CasingSizeHoleDrilledPDF_3		7.875
CasingTypeOfCementPDF_1	65/35 POZ, Class A	Grade A Cement
CasingTypeOfCementPDF_2	ASC, 65/35 POZ	65/35 POZ, Class A
CasingTypeOfCementPDF_3		ASC, 65/35 POZ
CasingWeightPDF_1	23	56.5

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
CasingWeightPDF_2	15.5	23
CasingWeightPDF_3		15.5
Date of First or Resumed Production or SWD or Enhr		07/24/2013
Fluid Mngmt - Chloride Content		28000
Fluid Mngmt - Dewatering Method		Evaporated
Fluid Mngmt - Fluid Volume		750
Perf_Depth_2		4128 - 4166
Perf_Depth_3		4128 - 4166
Perf_Material_2		110,700 gallons slickwater, 35,300 lbs 30/40 brown sand and 4500 lbs 16/30 resin-coated sand
Perf_Material_3		
Producing Method Pumping	No	Yes
Production - Barrels Oil		12.8
Production - Barrels of Water		67

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Production - Gas-Oil Ratio		8359
Production - MCF Gas		107
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1140708	../../../../kcc/detail/operatorEditDetail.cfm?docID=1154845
Tubing Packer At		no pkr.
Tubing Record - Set At		SN @ 4065
Tubing Size		2.875



CONFIDENTIAL

WELL COMPLETION FORM

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

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

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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: _____