

1172030

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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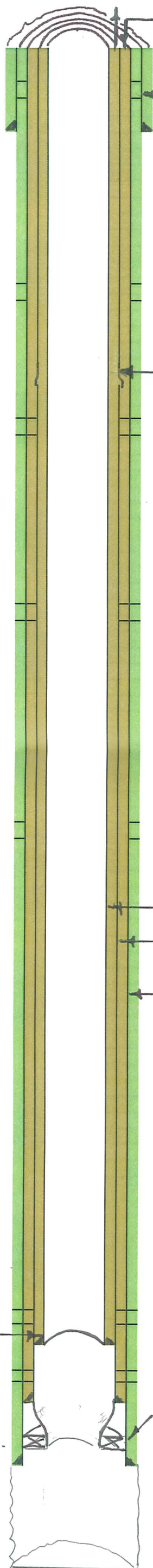
BRAULT 1 SWD

6/2012

15-065-02502

CEMENT CIRCULATED WHILE PUMPING LOWER AND UPPER STAGE

NE NE SE 14-9S-21W
GRAHAM COUNTY



6 1/2 PUMPED 125 SX CEMENT AFTER PUMPING LOWER STAGE. CIRCULATED GOOD CEMENT OUT 3 1/2" - 5 1/2" ANNULUS.

10 3/4" @ 270' WITH 150 SX
10/50 PERFORATED 7" AT 99' SQUEEZED 50 SX. CIRCULATED CEMENT TO SURFACE.

10/50 PERF 7" AT 779'. SQUEEZE WITH 250 SX

6 1/2 RAN NEW 5 1/2" 14# CASING TO 964'.

6 1/2 PERF 5 1/2" AT 1200' PRIOR TO RUNNING 3 1/2"

6 1/2 PERF 5 1/2" AT 1700' PRIOR TO RUNNING 3 1/2"

10/50 PERF 7" AT 2200'. SQUEEZE WITH 500 SX

3 1/2" CERAM KOTE TUBING

5 1/2" CEMENT LINED

7" CASING

6 1/2 PERF 5 1/2" PRIOR TO RUNNING 3 1/2"

5 1/2 PERF 5 1/2" AT 3655. SPOT 20 SX CEMENT MODEL D A 3665'.

7" @ 3839' WITH 500 SX

6 1/2 SET 3 1/2" CERAM KOTE AT 3645' WITH 450 SX.

CEMENT CIRCULATED TO SURFACE OUT 3 1/2" - 5 1/2" ANNULUS. PUMPED ADDITIONAL 125 SX FROM SURFACE. ARB

4222

■ - 1950S CEMENT

■ - 2012 CEMENT

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



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

Sam Brownback, Governor

December 10, 2013

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

Re: ACO-1
API 15-065-02502-00-01
ARMAND BRAULT 1
SE/4 Sec.14-09S-21W
Graham County, Kansas

Dear Bruce Meyer:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 04/17/2012 and the ACO-1 was received on December 09, 2013 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department