



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1214358
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: _____

1214358

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	BEREXCO LLC
Well Name	Headquarters 2-35
Doc ID	1214358

Tops

Name	Top	Datum
Heebner Sh. (base)	3833	-1945
Brown Lime	3989	-2101
Lansing	4005	-2117
KS City (base)	4400	-2512
Altamont	4452	-2564
Cherokee	4528	-2640
Mississippi	4583	-2695
Viola	4695	-2807
Simpson	4800	-2912
RTD	4950	
LTD	4958	



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

CO40707692
FIELD SERVICE TICKET
1718 10362 A

DATE _____ TICKET NO. _____

DATE OF JOB: <u>03-28-14</u> DISTRICT: <u>PRA-TT KS</u>		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:	
CUSTOMER: <u>RED OAK ENERGY</u>		LEASE: <u>HEADQUARTERS 2-35</u> WELL NO.:	
ADDRESS:		COUNTY: <u>KLINGA</u> STATE: <u>KS</u>	
CITY: _____ STATE: _____		SERVICE CREW: <u>Sullivan, Fraog, Phye</u>	
AUTHORIZED BY:		JOB TYPE: <u>QW 8 5/8 surface</u>	

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	ARR	TIME
<u>39708-20920</u>	<u>1/2 hr</u>						<u>03-28-14</u>	<u>PM</u>	<u>12:30</u>
<u>19826-19860</u>	<u>1/2 hr</u>							<u>PM</u>	<u>2:40</u>
<u>37900</u>								<u>AM</u>	<u>7:00</u>
								<u>AM</u>	<u>7:30</u>
								<u>AM</u>	<u>7:50</u>
								<u>PM</u>	<u>2:50</u>
									<u>25</u>

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 103	60/40 P02.cmt	SK	250		3,000 00
CC107	Call/Ake	lb	63		233 10
CC109	Calcium chloride	lb	645		677 25
CF 153	wooden Plug 8 5/8	SA	1		160 00
C 100	pick m	m	25		186 25
E 101	Heavy Coat	m	50		350 00
E 113	Beak/Deluge	TRU	269		591 25
EE 200	Depth change 0-500'	SA	1		1,000 00
EE 240	Blending - Mix	SK	250		350 00
EE 504	Plug Cement/air Rental	SA	1		250 00
EQ 23	Schum Separator	SA	1		175 00

SUB TOTAL 5,238.57

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		<u>5,238.57</u>

SERVICE REPRESENTATIVE: Robert Sullivan

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____



TREATMENT REPORT

Customer RED OAK ENERGY		Lease No.		Date	
Lease 17400 quarters		Well # 2-35		03-28-14	
Field Order # 10362	Station PRATT KS	Casing 8 5/8	Depth 310'	County KIOWA	State KS
Type Job CNW 8 5/8 Surface			Formation	Legal Description 35-29-14	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
8 5/8							5 Min.	
Depth 310	Depth	From	To	Pre Pad	Max			
Volume 18	Volume	From	To	Pad	Min		10 Min.	
Max Press 300	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection PC	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 290	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative	Station Manager DAVE SCOTT	Treater Robert Sullivan
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Service Units	37900	33208	20920	19862	19860				
Driver Names	Sullivan	Graves	Phyllis						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2:40					ON Wc Sully meetg
					Run 7" JTS 8 5/8 asp.
6:45					CASING ON BOTTOM
6:59					HOOK UP circ.
7:00	200		3	3	1st SPACER
				5.5	mix 250 st 60/40 per 2% gel 3% ce 40%
			53		cont mixed shot down
					Release Plug
				4	1st Dip
7:30	300		18		plug closed
					circled 10 BBL cont Pit
					JOB Complete
					THANK YOU



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Red Oak Energy
7701 EAST KELLOG DR.
SUITE 700 WICHITA KS
67202
ATTN: DEBBY ROGERS/ SEAN D

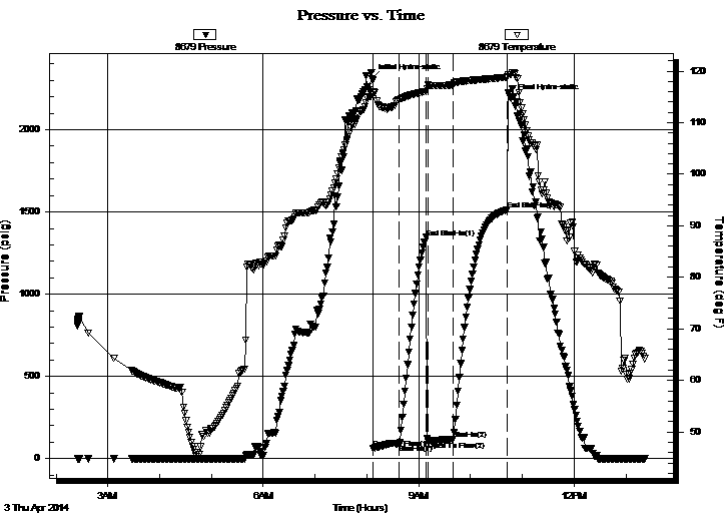
SEC. 35 - 29 s. -16 w./ Kiowa
Headquarters #2-35
Job Ticket: 56174 **DST#: 1**
Test Start: 2014.04.03 @ 02:25:00

GENERAL INFORMATION:

Formation: **Mississippi**
Deviated: No Whipstock: ft (KB) Test Type: Conventional Bottom Hole (Initial)
Time Tool Opened: 08:07:30 Tester: Bob Hamel
Time Test Ended: 13:21:30 Unit No: 67
Interval: 4520.00 ft (KB) To 4608.00 ft (KB) (TVD) Reference Elevations: 1890.00 ft (KB)
Total Depth: 4608.00 ft (KB) (TVD) 1880.00 ft (CF)
Hole Diameter: 7.88 inches Hole Condition: Good KB to GR/CF: 10.00 ft

Serial #: 8679 Inside
Press@RunDepth: 117.34 psig @ 4589.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2014.04.03 End Date: 2014.04.03 Last Calib.: 2014.04.03
Start Time: 02:25:01 End Time: 13:21:30 Time On Btm: 2014.04.03 @ 08:06:00
Time Off Btm: 2014.04.03 @ 10:47:00

TEST COMMENT: I.F. - 30 - 1/2" INT. BLOW BUILT TO (B.O.B. IN 2 MIN.)
I.S.I. - 30 - NO B.B.
F.F. - 30 - B.O.B. INSTANTLY (GAS TO SURFACE)
F.S.I. - 60 - NO B.B.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2311.09	115.50	Initial Hydro-static
2	61.15	115.71	Open To Flow (1)
32	88.82	114.44	Shut-In(1)
62	1344.27	116.05	End Shut-In(1)
65	107.02	117.29	Open To Flow (2)
94	117.34	117.31	Shut-In(2)
157	1513.71	118.83	End Shut-In(2)
161	2187.05	119.35	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
126.00	O,C,M, 20% OIL 80% MUD	0.62
131.00	S,O,C,G,M, 15% OIL 20% GAS 65% MUD	1.03
0.00	4351' GTS	0.00

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	0.13	2.00	6.03



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Red Oak Energy

SEC. 35 - 29 s. -16 w./ Kiowa

7701 EAST KELLOG DR.
SUITE 700 WICHITA KS
67202

Headquarters #2-35

Job Ticket: 56174

DST#: 1

ATTN: DEBBY ROGERS/ SEAN D

Test Start: 2014.04.03 @ 02:25:00

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 49.00 sec/qt
Water Loss: 9.59 in³
Resistivity: 0.00 ohm.m
Salinity: 11000.00 ppm
Filter Cake: 1.00 inches

Cushion Type:
Cushion Length: ft
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

Oil API: deg API
Water Salinity: ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
126.00	O,C,M, 20% OIL 80% MUD	0.620
131.00	S,O,C,G,M, 15% OIL 20% GAS 65% MUD	1.026
0.00	4351' GTS	0.000

Total Length: 257.00 ft Total Volume: 1.646 bbl

Num Fluid Samples: 0

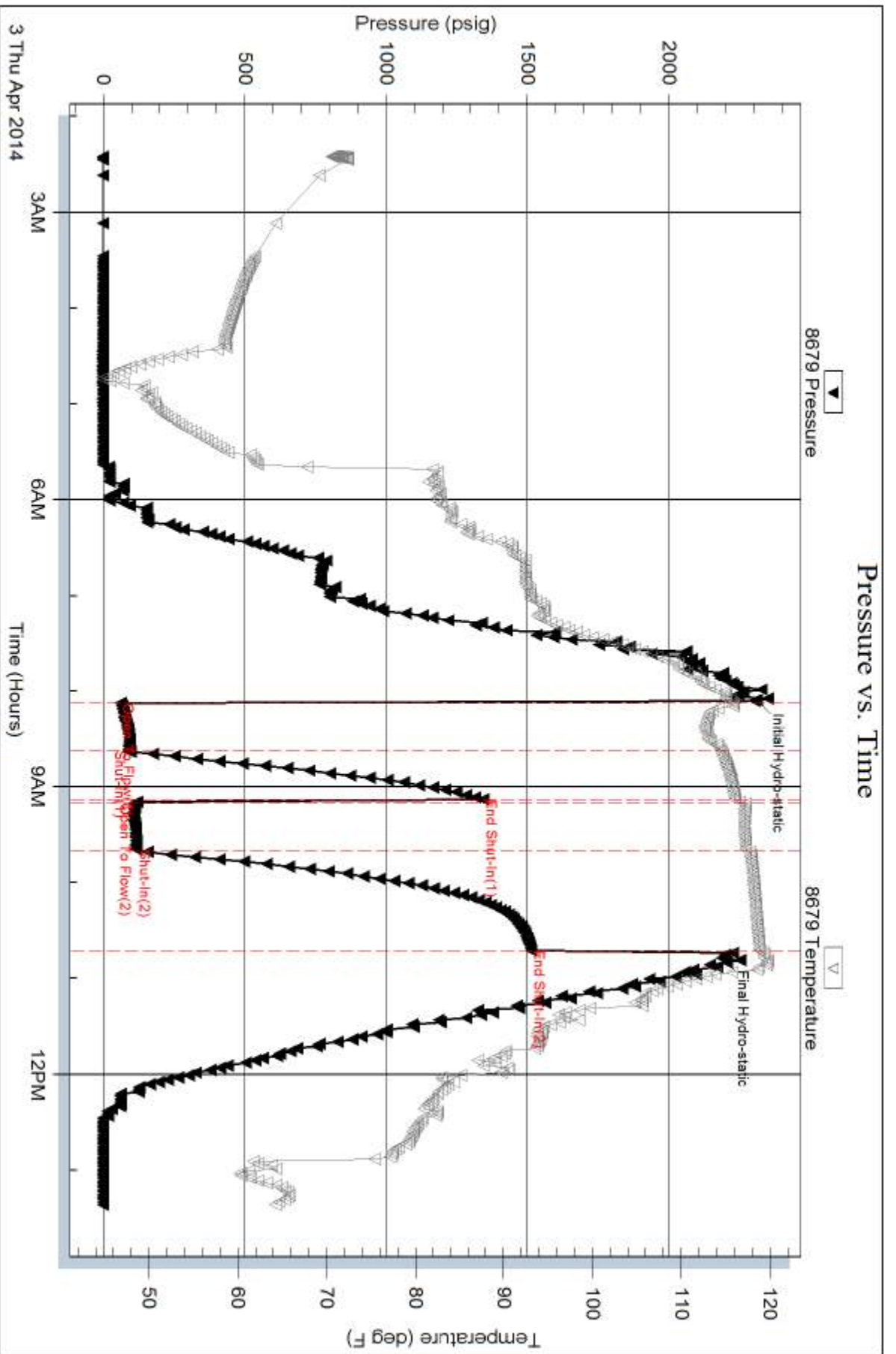
Num Gas Bombs: 0

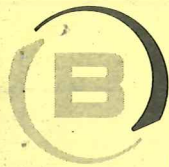
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET
1718 10208 A

DATE _____ TICKET NO. _____

DATE OF JOB: 4-5-14 DISTRICT: Pratt		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:							
CUSTOMER: Berxco LLC		LEASE: 1 (KADQUARTER) WELL NO.: 2-35							
ADDRESS:		COUNTY: Kiowa STATE: KS							
CITY: STATE:		SERVICE CREW: MATTAI Kyeonil ERNST							
AUTHORIZED BY:		JOB TYPE: CNW Long string							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
37586	1						4-4-14	PM	11:30
						ARRIVED AT JOB	4-5-14	AM	3:35
27463	1					START OPERATION		AM	9:31
						FINISH OPERATION		AM	10:25
19959/73768	1					RELEASED		AM	11:30
						MILES FROM STATION TO WELL			25

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SIGNED: (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
ADG	A Serv line	SH	50		650 00
CP 105	AA 2 CMT	SH	175		2,975 00
CP 106	A Serv line	SH	50		650 00
CC 102	CELLOFLAKE	LB	69		255 30
CC 105	C-4IP	IB	33		132 00
CC 111	SALT	IB	792		396 00
CC 112	CMT Friction Reducer	IB	50		300 00
CC 129	FIA-322	IB	83		622 50
CC 201	SILSONIX	IB	1050		703 50
CF 607	LATCH DOWN Plug + Baffle 5/2	EA	1		400 00
CF 1251	AUTO FILL FRONT 5/2	EA	1		360 00
CF 1651	FULBULL 2" 5/2	EA	10		1,100 00
CF 1901	BASKET 5/2	EA	1		290 00
C 704	CLAYMAY	SAI	5		175 00
CC 151	MUD FLUG	SAI	500		750 00

SUB TOTAL 166

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS	%TAX ON \$
TOTAL	

SERVICE REPRESENTATIVE: Mike MATTAI	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
-------------------------------------	---

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET

1718 ~~10209~~ A

CONTINUATION OF 1718-10208

DATE _____ TICKET NO. _____

DATE OF JOB: 4-5-14		DISTRICT: Pratt		NEW WELL <input checked="" type="checkbox"/>		OLD WELL <input type="checkbox"/>		PROD <input type="checkbox"/>		INJ <input type="checkbox"/>		WDW <input type="checkbox"/>		CUSTOMER ORDER NO.:	
CUSTOMER: Befexco III				LEASE: HEADQUARTERS				WELL NO. 2-35							
ADDRESS:				COUNTY: Kiowa				STATE: KS							
CITY:				STATE:				SERVICE CREW:							
AUTHORIZED BY:				JOB TYPE:											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME					
						ARRIVED AT JOB					AM	PM			
						START OPERATION					AM	PM			
						FINISH OPERATION					AM	PM			
						RELEASED					AM	PM			
						MILES FROM STATION TO WELL									

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SIGNED: *X K.D. Clark*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
E 100	P.u. Miles	MI	25		106	25
E 101	Heavy eq. Miles	MI	50		350	00
E 113	Prod + Bulk Del	TN	316		695	75
CE 205	Depth Charge 4000-5000'	4H'	1		2,520	00
CE 240	Blend + mix charge	SK	270		385	00
CE 504	Plug container	300	1		250	00
5003	Service supply	CA	1		175	00
					SUB TOTAL	
					10,823.39	

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	KS
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE: <i>Mike Matral</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>X K.D. Clark</i>
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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Sean Deenihan

Petroleum Geologist

GEOLOGIST'S REPORT DRILLING TIME AND SAMPLE LOG

COMPANY **Red Oak Energy, Inc.**
LEASE **Headquarters #2-35**

FIELD **Wildcat**
LOCATION **1935' FSL & 1833' FWL**

SEC **35** TWSP **29S** RGE **16W**
COUNTY **Kiowa** STATE **Kansas**

CONTRACTOR **Fossil Rig #2**
SPUD **3/27/14** COMP **4/4/14**

RTD **4950'** LTD **4958'**
MUD UP **3500'** TYPE MUD **Chemical**

SAMPLES SAVED FROM **3700'** TO **RTD**
DRILLING TIME KEPT FROM **3700'** TO **RTD**
SAMPLES EXAMINED FROM **3700'** TO **RTD**

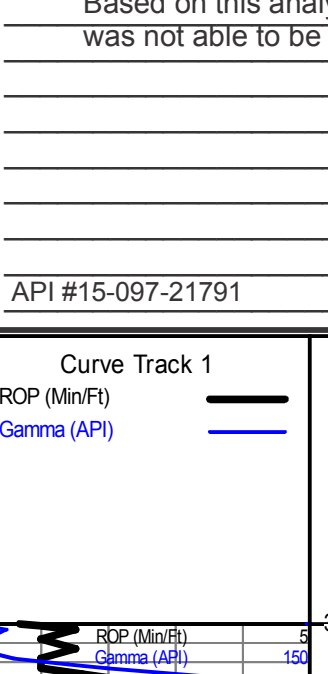
GEOLOGICAL SUPERVISION FROM **3700'**
REFERENCE WELL **DILL, CND.**

PRODUCTION _____
SURFACE **8-5/8"** at **308'**
CONDUCTOR _____
ELECTRICAL SURVEYS _____
Weatherford

ELEVATIONS
KB **1888'**
DF _____
GL **1880'**
Measurements Are All From Kelly Bushing

Formation **Sample Tops** **E-log Tops** **Struct. Feas.**

Heebner Sh.	3840 (-1952)	3830 (-1942)	
Lansing	4028 (-2140)	4030 (-2142)	
Dennis	4274 (-2384)	4278 (-2378)	
Marmaton	4430 (-2442)	4430 (-2463)	
Cherokee Sh.	4514 (-2626)	4410 (-2622)	
Kindhook Chert	4582 (-2694)	4584 (-2696)	
Viola	4695 (-2807)	4699 (-2811)	
Arbuckle	4928 (-3040)	4928 (-3040)	
Miss			

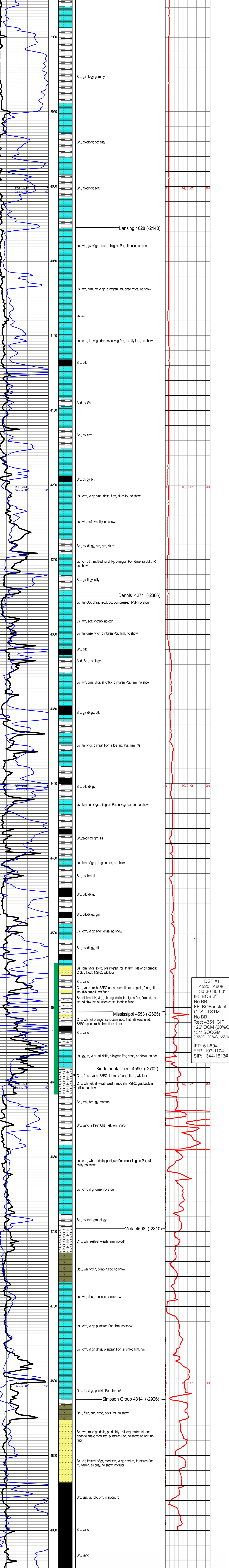


REMARKS
The Headquarters #2-35 was drilled and evaluated through sample, DST, and Log Analysis.
Based on this analysis, the operator elected to allow Beren to take over the well. The Microlog was not able to be completed because of a Weatherford tool error.

Respectfully Submitted,

Sean P. Deenihan

API #15-097-21791



DST #1
4520'- 4608'
30-30-30-60"
IF: BOB 2"
No BB
FF: BOB instant
GTS - TSTM
No BB
Rec: 4351' GIP
126' OCM (20%O)
131' SOCGM
(15%O, 20%G, 65%M)
IFP: 61-89#
FFP: 107-117#
SIP: 1344-1513#