

**WELL COMPLETION FORM**
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:

 Yes No

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

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 DistributionALT I II III Approved by: _____ Date: _____



1265616

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: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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	Moser B 3-9
Doc ID	1265616

Tops

Name	Top	Datum
Anhydrite	3018	+80
Anhydrite (base)	3052	+46
Topeka	3806	-708
Oread	3928	-830
Lansing A	4026	-928
Lansing B	4078	-980
Lansing C	4136	-1038
Lansing D	4188	-1084
Lansing E	4224	-1126
Lansing F	4268	-1170
Pawnee	4406	-1312
Cherokee	4482 (S)	-1384 (S)
Mississippi	4706	-1608
RTD	4750	-1652
LTD	4748	-1650

Summary of Changes

Lease Name and Number: Moser B 3-9

API/Permit #: 15-153-20927-00-00

Doc ID: 1265616

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	09/11/2013	09/30/2015
Date of First or Resumed Production or SWD or Enhr Fracturing Question 1		08/13/2014 No
Lease Name	Moser	Moser B
LocationInfoLink	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=9&to	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=9&to
Method Of Completion - Perf	No	Yes
Operator's City	WICHITA	Wichita
Operator's Street Address - line 1	2020 N. BRAMBLEWOOD	2020 N. Bramblewood
Perf_Depth_1		4135 - 4139
Perf_Depth_2		4135 - 4139

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_Depth_3		3927 - 3934
Perf_Material_1		500 gals 15% MCA, 3% solvent
Perf_Material_2		4000 gals 20% MCA, 3% solvent
Perf_Material_3		1000 gals 17.5% MCA, 3% solvent
Perf_Record_1		4135 - 4139 LKC
Perf_Record_2		4135 - 4139 LKC
Perf_Record_3		3927 - 3934 Oread
Perf_Shots_1		4
Perf_Shots_3		4
Plug Back Total Depth		4525
Producing Method Pumping	No	Yes
Production - Barrels Oil		13
Production - Barrels of Water		9

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Production - MCF Gas		0
Production Interval #1		4135 - 4139
Production Interval #2		3927 - 3934
Purchaser's Name		Central Crude Corporation
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1152326	../../../../kcc/detail/operatorEditDetail.cfm?docID=1265616
Tubing Packer At		no pkr.
Tubing Set At		SN @ 4210
Tubing Size		2.375
Well Type	SIOW	OIL



CONFIDENTIAL

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Phone: (_____) _____

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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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____