



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1272539
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
-----------------------------------	-----------------	---

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: _____

1272539

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	BEREXCO LLC
Well Name	HL Williams Estate 4
Doc ID	1272539

All Electric Logs Run

Dual Compensated Porosity Log
Microresistivity Log
Radiation Guard Log
Dual Induction Log

Form	ACO1 - Well Completion
Operator	BEREXCO LLC
Well Name	HL Williams Estate 4
Doc ID	1272539

Tops

Name	Top	Datum
KS City (base)	4116	-1847
Pawnee	4244	-1975
Ft. Scott	4304	-2035
Cherokee	4328	-2059
Mississippi	4374	-2105
Osage	4390	-2121
RTD	4441	-2172
LTD	4443	-2174



CEMENTING LOG

STAGE NO. _____

Date 10/3-15 District Great Bend Ticket No. 55809
 Company Berco Rig Pickover 1
 Lease HL Williams Estate Well No. 4
 County Ness State KS
 Location Bazine KS 55 West Field _____

CEMENT DATA:

Spacer Type: _____
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG _____

LEAD: Pump Time _____ hrs. Type com 32cc
 Excess _____

Amt. 200 Skys Yield 1.33 ft³/sk Density 15.2 PPG _____

TAIL: Pump Time _____ hrs. Type _____
 Excess _____

Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG _____

WATER: Lead 5.6 gals/sk Tail _____ gals/sk Total _____ Bbls. _____

Pump Trucks Used 366 Brian
 Bulk Equip. 871-112 Tracy J

Float Equip: Manufacturer _____

Shoe: Type _____ Depth _____

Float: Type _____ Depth _____

Centralizers: Quantity _____ Plugs Top _____ Btm. _____

Stage Collars _____

Special Equip. _____

Disp. Fluid Type _____ Amt. _____ Bbls. Weight _____ PPG _____

Mud Type _____ Weight _____ PPG _____

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 8 5/8 Type _____ Weight 23 Collar _____

Casing Depths: Top _____ Bottom _____

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size 12 1/4 T.D. 266 ft. P.B. to _____ ft.

CAPACITY FACTORS:
 Casing: Bbls/Lin. ft. 0.0637 Lin. ft./Bbl. 15.702
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

COMPANY REPRESENTATIVE _____

CEMENTER [Signature]

TIME AM/PM	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
						on location - safety meeting
						run 6 jts of 8 5/8 23 1/2 csg to 264
						receive circulation with mud pump
1200	200		43.37	2.55		mix 200 skys cnt @ 15.2
1217	200		15.80	2.5		displace with H ₂ O
1223						shut in
						wash up
						tear down
						leave location

FINAL DISP. PRESS: _____ PSI BUMP PLUG TO _____ PSI BLEEDBACK _____ BBLs. THANK YOU

ALLIED OIL & GAS SERVICES, LLC 055809

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Great Bend KS

DATE <u>10-14-15</u>	SEC. <u>36</u>	TWP. <u>19</u>	RANGE <u>22</u>	CALLED OUT	ON LOCATION	JOB START <u>12:00 AM</u>	JOB FINISH <u>12:30 AM</u>
HC <u>Williams</u>		WELL# <u>4</u>		LOCATION <u>Bazinc KS 5 1/2 S Winto</u>		COUNTY <u>Ness</u>	STATE <u>KS</u>
LEASE <u>Estate</u>		OLD OR <input checked="" type="checkbox"/> NEW (Circle one)					

CONTRACTOR Pickerill

TYPE OF JOB surface

HOLE SIZE 12 1/4 T.D. 266

CASING SIZE 8 7/8 23# DEPTH 264

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 15

CEMENT LEFT IN CSG. 15

PERFS.

DISPLACEMENT 15.86 bbl

EQUIPMENT

PUMP TRUCK CEMENTER Robert Y

366 HELPER Brian

BULK TRUCK

871-112 DRIVER Tracy J

BULK TRUCK

DRIVER

REMARKS:

see log

circulated 20 sks to pit

Thank you!!!

CHARGE TO: Beckco

STREET _____

CITY _____ STATE _____ ZIP _____

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Mike Kern

SIGNATURE Mike Kern

OWNER

CEMENT

AMOUNT ORDERED 200 com 392 cc

COMMON <u>200</u>	@ <u>17.90</u>	<u>3580.00</u>
POZMIX	@	
GEL	@	
CHLORIDE <u>564</u>	@ <u>1.10</u>	<u>620.40</u>
ASC	@	<u>4200.70</u>
	@ <u>48%</u>	<u>2016.20</u>
	@	
	@	
	@	
	@	
	@	
HANDLING <u>210</u>	@ <u>2.48</u>	<u>520.80</u>
MILEAGE <u>9.68 x 15 x</u>	<u>2.75</u>	<u>399.30</u>
TOTAL		

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE		<u>1512.25</u>
EXTRA FOOTAGE	@	
MILEAGE <u>HDW 15</u>	@ <u>7.70</u>	<u>115.50</u>
MANIFOLD <u>HDW 15</u>	@ <u>4.40</u>	<u>NC</u>
	@	
	@	

TOTAL 2547.85
48% 1222.97

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	
TOTAL		

SALES TAX (If Any) _____

TOTAL CHARGE 6748.25

DISCOUNT 3239.17 IF PAID IN 30 DAYS

NET 3509.08



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Berexco LLC
 2020 N Bramblewood
 Wichita KS 67206-1094
 ATTN: Clint Bleier

36 19s 22w Ness
HL Williams Estate 4
 Job Ticket: 61668 **DST#: 1**
 Test Start: 2015.10.20 @ 22:00:00

GENERAL INFORMATION:

Formation: **Mississippian**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 23:43:15
 Time Test Ended: 05:06:00
 Interval: **4359.00 ft (KB) To 4398.00 ft (KB) (TVD)**
 Total Depth: 4398.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Jim Svaty
 Unit No: 76
 Reference Elevations: 2267.00 ft (KB)
 2260.00 ft (CF)
 KB to GR/CF: 7.00 ft

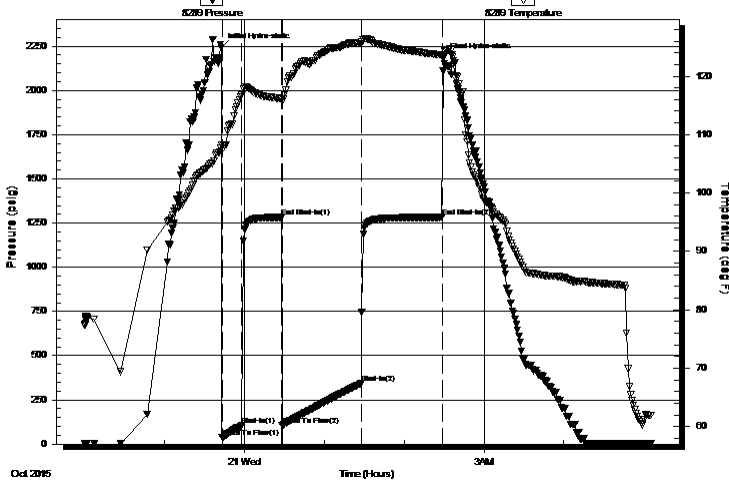
Serial #: 8289 Outside
 Press @ Run Depth: 344.12 psig @ 4363.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2015.10.20 End Date: 2015.10.21 Last Calib.: 2015.10.21
 Start Time: 22:00:02 End Time: 05:05:45 Time On Btm: 2015.10.20 @ 23:43:00
 Time Off Btm: 2015.10.21 @ 02:29:30

TEST COMMENT: 15-IF- BOB in 9 1/2min.
 30-ISI- Weak Surface Blow
 60-FF- BOB in 13min.
 60-FSI- No Blow

PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2243.98	108.26	Initial Hydro-static
1	37.80	107.24	Open To Flow (1)
16	105.83	116.82	Shut-In(1)
45	1282.75	116.14	End Shut-In(1)
46	107.10	115.58	Open To Flow (2)
105	344.12	125.57	Shut-In(2)
166	1283.13	123.58	End Shut-In(2)
167	2183.80	123.24	Final Hydro-static

Pressure vs. Time

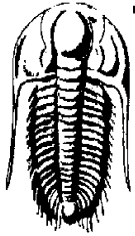


Recovery

Length (ft)	Description	Volume (bbl)
250.00	GMCO 20%g 20%m 60%o	3.51
625.00	CO 100%	8.77
0.00	125 GIP	0.00

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Berexco LLC
 2020 N Bramblewood
 Wichita KS 67206-1094

 ATTN: Clint Bleier

36 19s 22w Ness
HL Williams Estate 4
 Job Ticket: 61668 **DST#: 1**
 Test Start: 2015.10.20 @ 22:00:00

GENERAL INFORMATION:

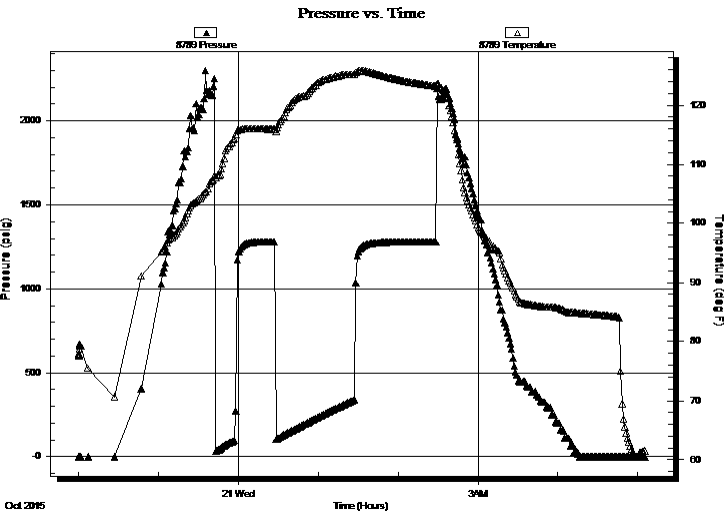
Formation: **Mississippian**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 23:43:15
 Time Test Ended: 05:06:00
 Interval: **4359.00 ft (KB) To 4398.00 ft (KB) (TVD)**
 Total Depth: 4398.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair

Test Type: Conventional Bottom Hole (Initial)
 Tester: Jim Svaty
 Unit No: 76
 Reference Elevations: 2267.00 ft (KB)
 2260.00 ft (CF)
 KB to GR/CF: 7.00 ft

Serial #: 8789 Inside

Press @ Run Depth: psig @ 4363.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2015.10.20 End Date: 2015.10.21 Last Calib.: 2015.10.21
 Start Time: 22:00:02 End Time: 05:05:45 Time On Btm:
 Time Off Btm:

TEST COMMENT: 15-IF- BOB in 9 1/2min.
 30-ISI- Weak Surface Blow
 60-FF- BOB in 13min.
 60-FSI- No Blow



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
250.00	GMCO 20%g 20%m 60%o	3.51
625.00	CO 100%	8.77
0.00	125 GIP	0.00

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Berexco LLC
2020 N Bramblewood
Wichita KS 67206-1094
ATTN: Clint Bleier

36 19s 22w Ness
HL Williams Estate 4
Job Ticket: 61668 **DST#: 1**
Test Start: 2015.10.20 @ 22:00:00

Mud and Cushion Information

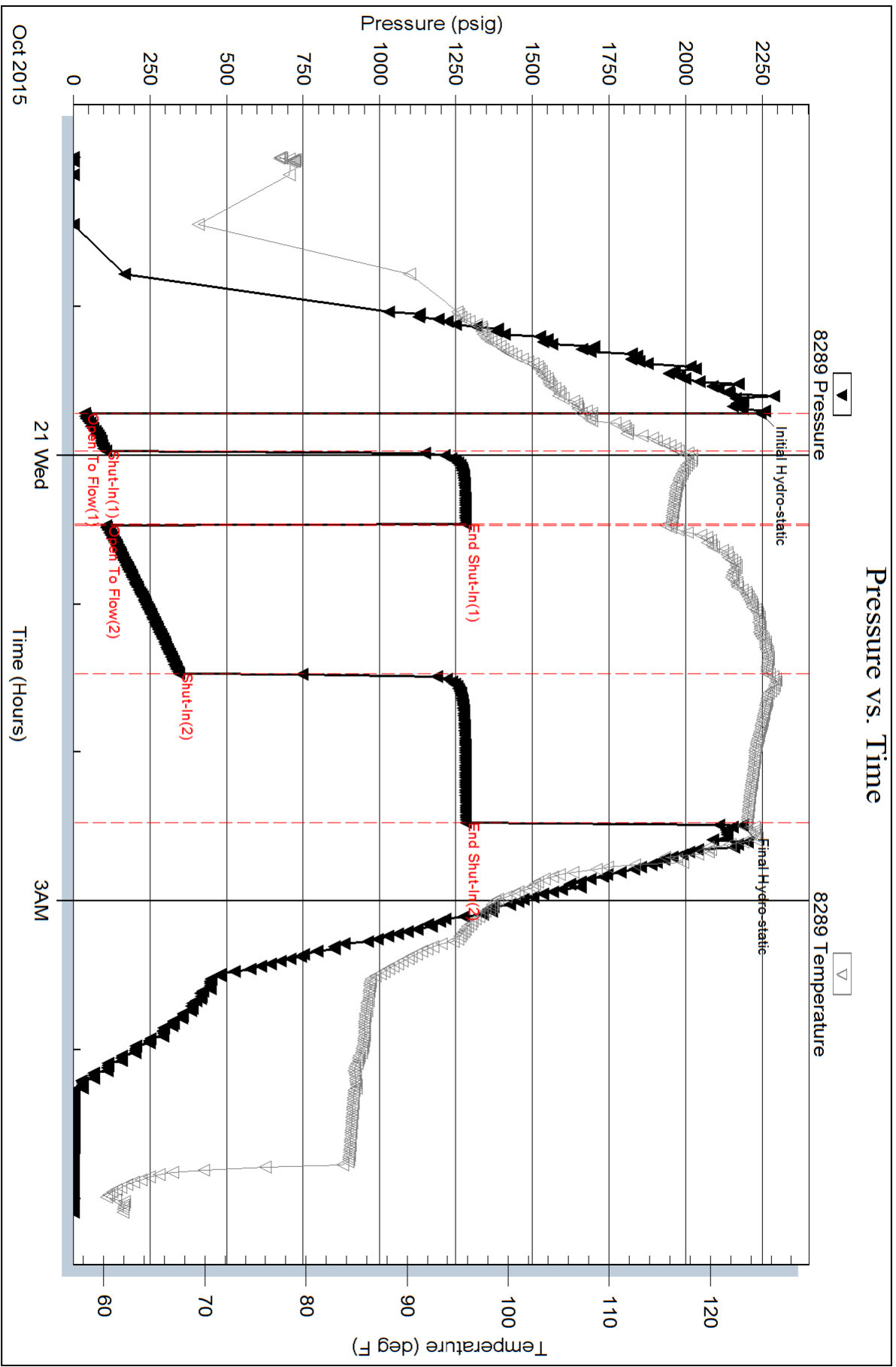
Mud Type: Gel Chem	Cushion Type:	Oil API: 36 deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity: ppm
Viscosity: 50.00 sec/qt	Cushion Volume: bbl	
Water Loss: 8.78 in ³	Gas Cushion Type:	
Resistivity: ohm.m	Gas Cushion Pressure: psig	
Salinity: 3500.00 ppm		
Filter Cake: 2.00 inches		

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
250.00	GMCO 20%g 20%m 60%o	3.507
625.00	CO 100%	8.767
0.00	125 GIP	0.000

Total Length: 875.00 ft Total Volume: 12.274 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments:



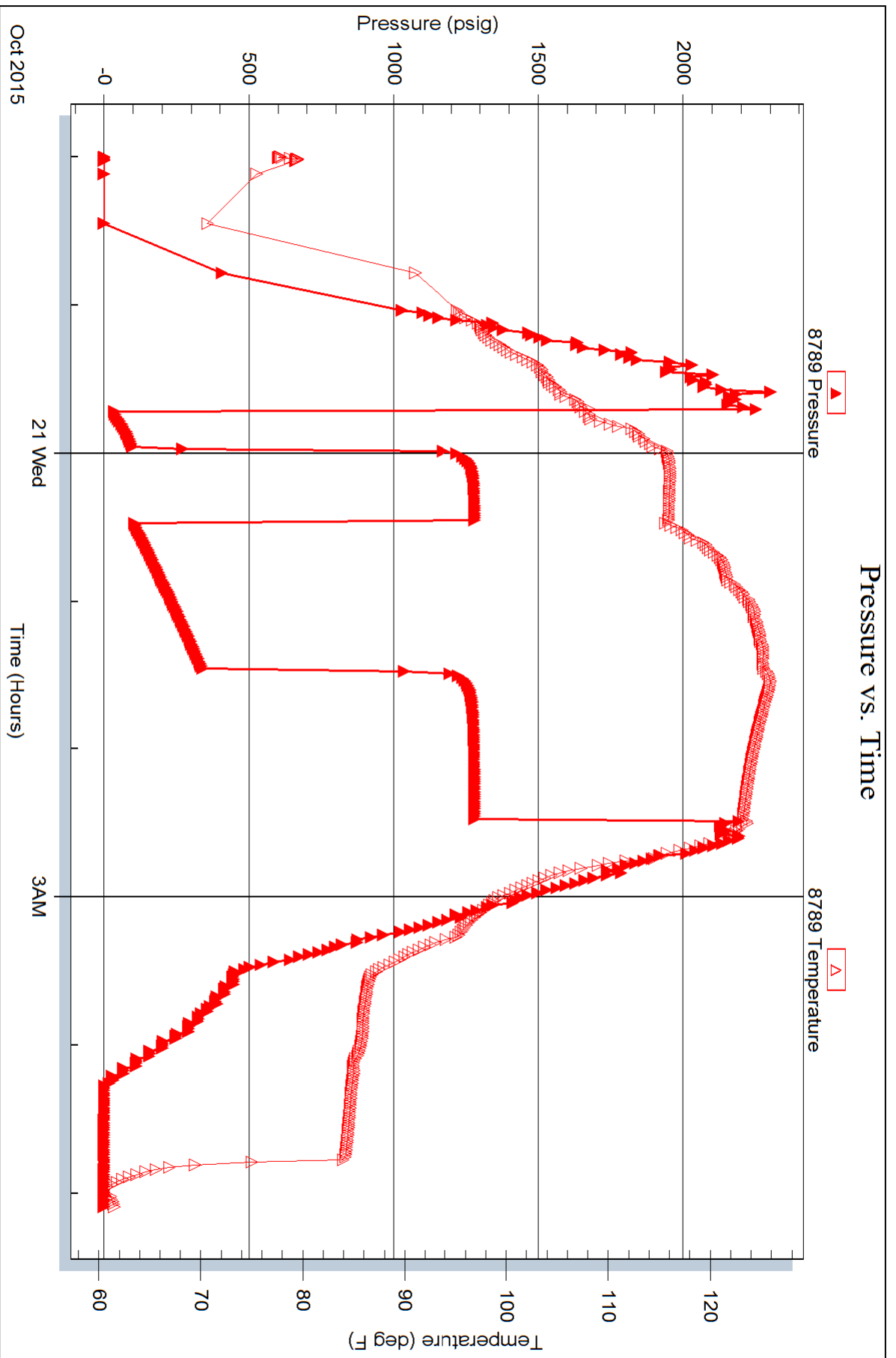
Serial #: 8789

Inside

Berexco LLC

HL Williams Estate 4

DST Test Number: 1



ALLIED OIL & GAS SERVICES, LLC

Federal Tax I.D. #20-5975804

067854

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Great Bend

DATE <u>10-21-15</u>	SEC <u>26</u>	TWP <u>19S</u>	RANGE <u>22W</u>	CALLED OUT	ON LOCATION <u>12:00 AM</u>	JOB START <u>7:30 AM</u>	JOB FINISH <u>9:00 AM</u>
LEASE <u>H.L. Williams</u>		WELL # <u>4</u>	LOCATION <u>Bazine LWS WINTO</u>		COUNTY <u>Wess</u>	STATE <u>KS</u>	
OLD OR <u>(NEW)</u> (Circle one)							

CONTRACTOR <u>Pickrell ID</u>	OWNER <u>Same</u>
TYPE OF JOB <u>Production (2 stage)</u>	
HOLE SIZE <u>7 7/8</u>	T.D. <u>4440</u>
CASING SIZE <u>5 7/8</u>	DEPTH <u>4442</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL <u>DV</u>	DEPTH <u>1522'</u>
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>89'</u>
CEMENT LEFT IN CSG. <u>89'</u>	
PERFS. <u>Bottom</u>	<u>TOP</u>
DISPLACEMENT <u>104.21</u>	<u>37.13</u>

EQUIPMENT

PUMP TRUCK # <u>366</u>	CEMENTER <u>Andrew Wayne</u>	HELPER <u>Brian</u>
BULK TRUCK # <u>871/112</u>	DRIVER <u>Wayne David</u>	
BULK TRUCK # <u>609/198</u>	DRIVER <u>Mark</u>	

CEMENT		
AMOUNT ORDERED <u>125 sks ASC 5# Gilsomite</u>		
<u>2log @ 3% Fluid Loss 14% Deformer</u>		
<u>460 sks Lite 1/2# Flo-seal</u>		
COMMON	@	
POZMIX	@	
GEL	@	
CHLORIDE	@	
ASC <u>125 sks</u>	@ <u>23.50</u>	<u>2937.50</u>
<u>Lite 460 sks</u>	@ <u>19.88</u>	<u>9144.80</u>
<u>Flo-seal 115#</u>	@ <u>2.97</u>	<u>341.55</u>
<u>Gilsomite 625#</u>	@ <u>.98</u>	<u>612.50</u>
<u>Fluid Loss 30#</u>	@ <u>18.90</u>	<u>567.00</u>
<u>Deformer 18#</u>	@ <u>3.50</u>	<u>63.00</u>
TOTAL		<u>13,779.75</u>
DISCOUNT <u>48</u>		<u>6614.28</u>

REMARKS:

Mix 200 sks Lite followed by 125 sks ASC
Wash pump and line clean, Displace Plug 900'
LIFT 2nd Plug 1400. Open DV 800'
Plug Rest hole, mix Lite down center
Wash pump and line clean. Release
plug Start Displacement. Plug land
Tool closed. 400# LIFT 1400 Land
plug. Cement did not circulate
Thank you

CHARGE TO: Berex CO
STREET _____
CITY _____ STATE _____ ZIP _____

SERVICE

HANDLING <u>673 w/ft</u>	@ <u>2.48</u>	<u>1669.04</u>
MILEAGE <u>2.25 ton/mile 28,333 ton</u>		<u>1168.75</u>
DEPTH OF JOB <u>4442'</u>		
PUMP TRUCK CHARGE	<u>2765.25</u>	<u>2765.25</u>
EXTRA FOOTAGE	@	
HV MILEAGE <u>15 miles</u>	@ <u>2.20</u>	<u>115.50</u>
LV MILEAGE <u>15 miles</u>	@ <u>4.40</u>	<u>N/C</u>
<u>Head + manifold</u>	@ <u>275.00</u>	<u>N/C</u>
TOTAL		<u>8,125.29</u>
DISCOUNT <u>48</u>		<u>4225.15</u>
		<u>3,900.14</u>

PLUG & FLOAT EQUIPMENT

<u>5/2</u>		
<u>1 Affu float shoe</u>	@	<u>545.00</u>
<u>1 Latchdown Plug Assy</u>	@	<u>660.00</u>
<u>1 DV tool</u>	@	<u>5335.00</u>
<u>3 Baskets</u>	@ <u>395.00</u>	<u>1185.00</u>
<u>3 Turbalizers</u>	@ <u>95.00</u>	<u>285.00</u>
<u>8 Centralizers</u>	@ <u>57.00</u>	<u>456.00</u>
TOTAL		<u>8,466.00</u>
DISCOUNT		<u>3708.84</u>

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Mark Leiker
SIGNATURE Mark Leiker

SALES TAX (If Any) 14758.16
TOTAL CHARGES 30371.04
DISCOUNT 14223.26 IF PAID IN 30 DAYS
NET TOTAL 16147.78 IF PAID IN 30 DAYS

MUD LOG
WellSight Systems
 Scale 1:240 (5"=100') Imperial
 Measured Depth Log

Well Name: HL Williams Estate #4
 API: 15-135-25894
 Location: SW NE NE SE Sec. 36 - 19S - 22W
 License Number: 10-13-15
 Spud Date: 2140' FSL & 610' FEL
 Surface Coordinates: 2140' FSL & 610' FEL
 Bottom Hole Coordinates: 2260'
 Ground Elevation (ft): 2950 To: 4440
 Logged Interval (ft): 2950 To: 4440
 Formation: Mississippian
 Type of Drilling Fluid: Mud
 Region: Ness Co, KS
 Drilling Completed: 10-21-15
 K.B. Elevation (ft): 2267'
 Total Depth (ft): 4440

Printed by MUD.LOG from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR

Company: Berexco LLC
 Address: 2020 N Bramblewood
 Wichita, KS 67206

GEOLOGIST

Name: Clint Bleier
 Company: Berexco LLC
 Address: 2020 N Bramblewood
 Wichita, KS 67206

Cores

None

DSTs

Mississippian 4359-4398: 125' GIP 625'CO 250'GMCO(60%O 20%G); 1283/1283#

Comments

None

ROCK TYPES

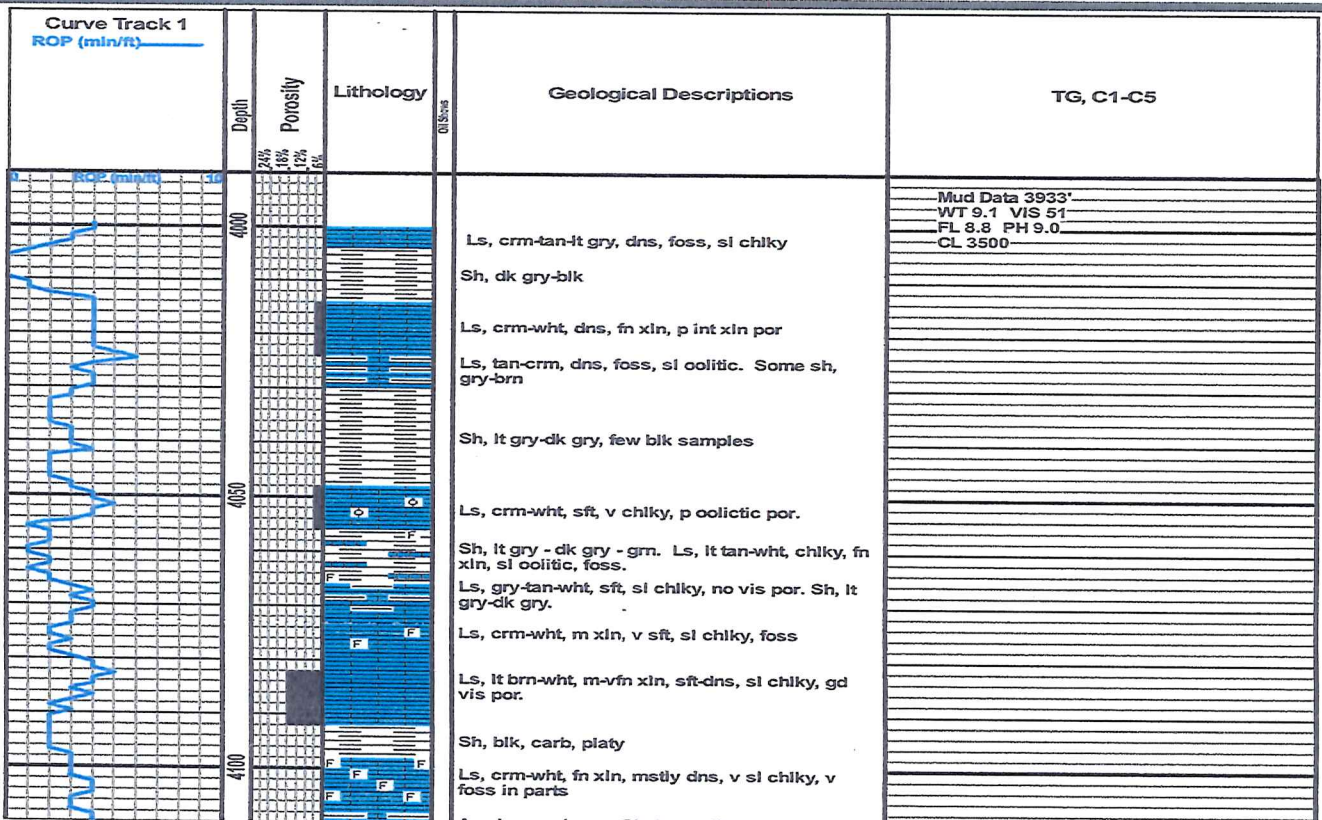
Anhy	Clyst	Gyp	Mrst	Shgy
Bent	Coal	Igne	Salt	Silst
Brec	Congl	Lmst	Shale	Ss
Cht	Dol	Meta	Shcol	Till

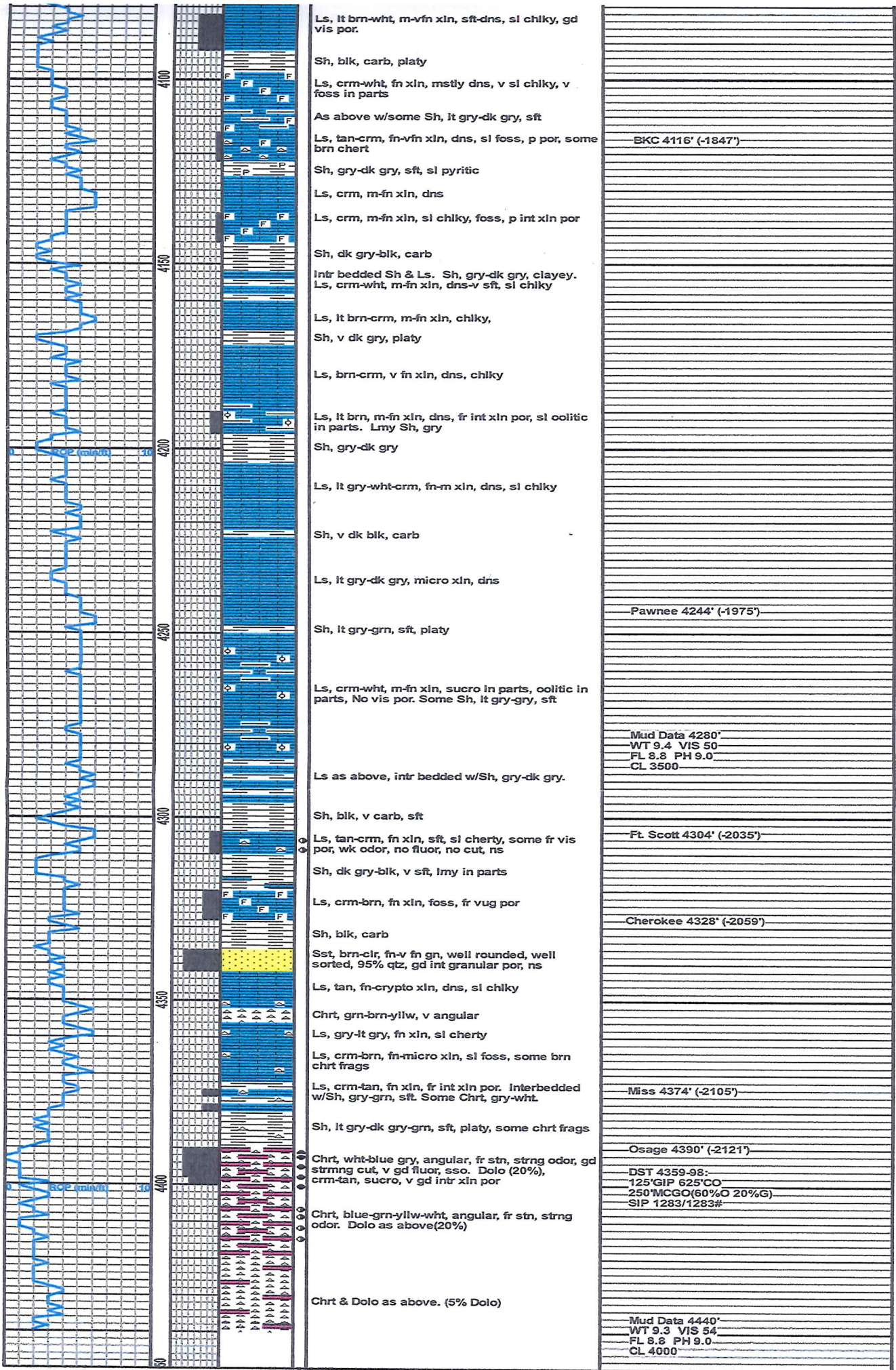
ACCESSORIES

MINERAL	Gyp	FOSSIL	Ostra	Siltstrg
Anhy	Hvymin	Algae	Pelec	Ssstrg
Arggrn	Kaol	Amph	Pellet	TEXTURE
Arg	Marl	Belm	Pisolite	Boundst
Bent	Minxl	Bioclst	Plant	Chalky
Bit	Nodule	Brach	Strom	Cryxln
Brecfrag	Phos	Cephal	STRINGER	Earthy
Calc	Pyr	Coral	Anhy	Finexin
Carb	Salt	Crin	Arg	Grainst
Chtdk	Sandy	Echin	Bent	Lithogr
Chilt	Silt	Fish	Coal	Microxin
Dol	Sil	Foram	Dol	Mudst
Feldspar	Sulphur	Fossil	Gyp	Packst
Ferrpel	Tuff	Gastro	Ls	Wackest
Ferr		Oolite	Mrst	
Glau				

OTHER SYMBOLS

POROSITY	Vuggy	ROUNDING	Spotted	EVENT
Earthy	SORTING	Rounded	Ques	Rft
Fenest	Well	Subrnd	Dead	Sidewall
Fracture	Moderate	Subang	INTERVAL	
Inter	Poor	Angular	Core	
Moldic		OIL SHOW	Dst	
Organic		Even		
Pinpoint				





Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Jay Scott Emler, Chairman
Shari Feist Albrecht, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

February 16, 2016

Bruce Meyer
BEREXCO LLC
2020 N. Bramblewood
Wichita, KS 67206-1094

Re: ACO-1
API 15-135-25894-00-00
HL Williams Estate 4
SE/4 Sec.36-19S-22W
Ness 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 10/13/2015 and the ACO-1 was received on February 16, 2016 (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