

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	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>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	BEREXCO LLC
Well Name	Patterson Unit 4-8
Doc ID	1287245

All Electric Logs Run

Array Induction Shallow Focused Electric Log
Compensated Sonic w/Integrated Transit Time
Compact Photo Density Compensated Neutron Microresistivity Log
Microresistivity Log



CEMENTING LOG

STAGE NO. _____

Date 1-3-16 District Oakley Ticket No. 067825
 Company Berexco Rig Beredco1
 Lease Patterson unit Well No. 4-8
 County Kearny State NJ
 Location 8 23 37 Field _____
Lakin 10N Col 145 unit

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 8 5/8 Type new Weight 24 Collar _____

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

LEAD: Pump Time _____ hrs. Type Lite 3%cc
1/4 Flow seal Excess _____
 Amt. 350 Skys Yield 2.20 ft³/sk Density 12.07 PPG
 TAIL: Pump Time _____ hrs. Type com 3%cc
 Excess _____
 Amt. 150 Skys Yield 1.33 ft³/sk Density 14.90 PPG
 WATER: Lead _____ gals/sk Tail _____ gals/sk Total _____ Bbls.

Casing Depths: Top KB Bottom 1122

Pump Trucks Used 526-281
 Bulk Equip. 323
891

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size 12 1/4 T.D. 1125 ft. P.B. to _____ ft.

Float Equip: Manufacturer weatherford
 Shoe: Type Guide shoe Depth 1122
 Float: Type AKA INSERT Depth 1079.28
 Centralizers: Quantity 3 Plugs Top _____ Btm. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type water Amt. 68.28 Bbls. Weight _____ PPG
 Mud Type _____ Weight _____ PPG

CAPACITY FACTORS:
 Casing: Bbls/Lin. ft. .0637 Lin. ft./Bbl. _____
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

COMPANY REPRESENTATIVE _____

CEMENTER Andrew

TIME (AM/PM)	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
8:30						start mixing Lite Lite mixed start com com mixed stop pump Release plug start displacement
				10		
	200			10		
				10		
				10		
	400			10		
	500			10		
	500			9		
9:30	900					plug landed float held Cement did circulate

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

Date 1-11-16 District Dale, KS Ticket No. 67511
 Company Perello Rig Bredford
 Lease Parkerson Unit Well No. 4-8
 County Leary State KS
 Location 8-23-37 Field _____

CEMENT DATA:
 Spacer Type: Water
 Arnt. _____ Sks Yield _____ ft³/sk Density _____ PPG

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 5 1/2 Type NPS Weight 25.5 Collar _____

LEAD: Pump Time _____ hrs. Type 65/35/6, ASC
120 like 130 ASC Excess _____
 Amt. 7 Sks Yield 2.0, 1.58 ft³/sk Density 12, 14.5 PPG
 LEAD: Pump Time _____ hrs. Type 65/35/6, ASC
 Excess _____
 Amt. 50 Sks Yield 2.0, 1.58 ft³/sk Density 12, 14.5 PPG
 WATER: Lead 12.6, 7.0 gals/sk Tail _____ gals/sk Total _____ Bbls.

Casing Depths: Top 163 Bottom 4947

Pump Trucks Used 431
 Bulk Equip. 815/310
891/287

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size 7 7/8 T.D. 4250 ft. P.B. to _____ ft.

Float Equip: Manufacturer Weatherford 5 1/2
 Shoe: Type AFU Depth _____
 Float: Type Plex Assy Depth _____
 Centralizers: Quantity 15 Plugs Top DV Btm. Plex
 Stage Collars DV TOOL
 Special Equip. 4 Baskets
 Disp. Fluid Type water/mud Amt. _____ Bbls. Weight _____ PPG
 Mud Type 40 / 70 Top - 70 H₂O Weight _____ PPG
50 vis

CAPACITY FACTORS:
 Casing: Bbls/Lin. ft. 0.238 Lin. ft./Bbl. _____
 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 Paul Beaver

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS	
	AM/PM	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period		RATE Bbls Min.
						Bottom Stage	
4:00		200 #		36	36	6	Hold Safety meeting
		200 #		22	58	6	Run Pipe / Float equip / Drop ball, 600" circ 1 hr
		0		5	63	4	Mix 120 sks Lite @ 12 #
		200 #		40	103	6	Mix 130 sks ASC @ 14.5 #
		1000 #		76	179	6	wash-up to pit / release plug
		1600 #					Displace w/ water
		900 #					Displace w/ mud
		0 #					plug did lead @ 1600 #, 1100 lift #
		0 #					Drop Dart / opened tool @ 200 #
		0 #		3	3	4	circ 4 hrs - Top Stage
		0 #		5	8	4	Mix 20 sks in m. ft
		200 #		120	128	6	Mix 30 sks in R. ft
		300 #		8	136	6	Mix 400 sks Lite @ 12 #
		0 #		5	141	4	Mix 50 sks ASC @ 14.5 #
		1000 #		76	217	6	wash-up / release plug
5:30		2000 #					Displace w/ water mud
							plug did lead @ 2000 #
							Libt 1000 # tool did close
							Cement did circ

Thank you!



MUD LOG

WellSight Systems

Scale 1:240 (5"=100') Imperial
Measured Depth Log

Well Name: Patterson #4-8
 Well Id: 15-093-21942
 Location: SW NE NE SE Sec.8 T23S 37W
 License Number: 34318
 Spud Date: 1/2/16
 Surface Coordinates: Latitude 38.0662014
 Longitude -101.3965807
 Bottom Hole Coordinates: Latitude 38.0662014
 Longitude -101.3965807
 Ground Elevation (ft): 3298
 Logged Interval (ft): 4500 To: 4950
 Formation: Morrow Sd.
 Type of Drilling Fluid: Mud

Region:
 Drilling Completed: 1/10/16
 K.B. Elevation (ft): 3310
 Total Depth (ft): 4950

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

No Cores

DSTs

No Tests

Comments

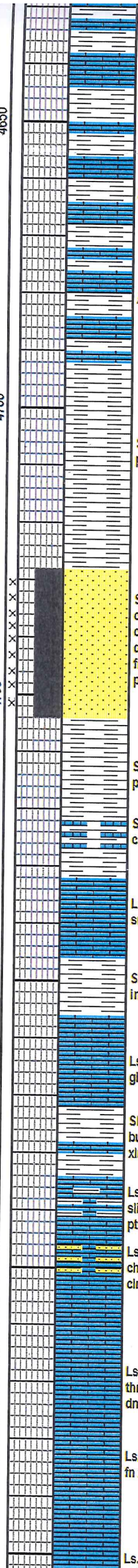
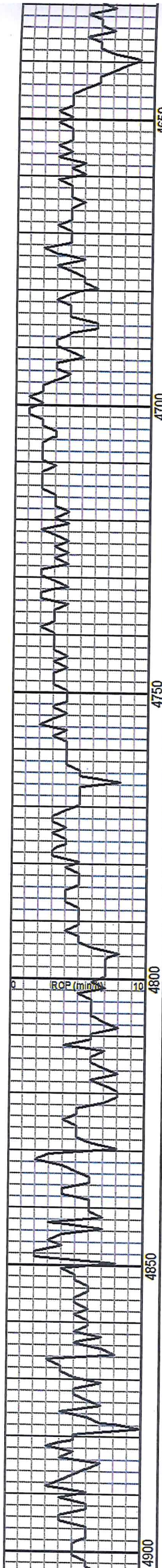
ROCK TYPES

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

ACCESSORIES

MINERAL	Gyp	FOSSIL	Ostra	Sltstrg
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	Bryozoa	STRINGER	Earthy
Calc	Pyr	Cephal	Anhy	Finexln
Carb	Salt	Coral	Arg	Grainst
Chtdk	Sandy	Crin	Bent	Lithogr
Chtlt	Silt	Echin	Coal	Microxln
Dol	Sil	Fish	Dol	Mudst
Feldspar	Sulphur	Foram	Gyp	Packst
Ferrpel	Tuff	Fossil	Ls	Wackest
Ferr		Gastro	Mrst	
Glau		Oolite		

OTHER SYMBOLS



Ls. lt gry-gry, crypto-fn xln, sub chlk, v oolitic in pts, dns, int bd w/Sh. dk gry-blk, carb in pts, v calc

AA

AA

Sh. dk gry-blk-carb, sft, v calc in pts, trs pyrite

SS. qtz, v fn-med gm, clr-tan-brn, sub rnd-sub ang, few clusters w/fr-gd por, v sli odor, dull yellow fluor, fr oil stn, many fn-cr's grms in bottom of tray, clr, p sorted, rnd-sub md

Sh. gry-dk gry, sli silty, sft, trs pyrite

Sh. AA, w/Ls. tan-lt gry, crypto-fn xln, oolitic, trs foss

Ls. tan-lt gry, crypto-fn xln, sub sucro, v oolitic in pts, dns

Sh. gry-dk gry, mostly firm, sft in pts

Ls. crm-tan, fn-m xln, dns, v glauc in pts

Sh. grn-dk gry-blk, mostly sft but firm in pts. Ls. tan-gry, fn-m xln, v glauc, foss in pts.

Ls. crm, fn xln, v chlky, v oolitic, sli shly, grn-blk, firm friable in pts.

Ls. wht-crm, m xln, v oolitic, sli chlk, no vis por, loose qtz grms, clr, fn-m gm, sub-rnd to rnd, ns

Ls. crm-greenish gry, oolitic throughout, p vis por, sli chlk, dns

Ls. wht-crm, sm lt tan, crypto-v fn xln, oolitic in pts, no vis por

Ls. tan, crypto-fn xln, v oolitic, v

