KOLAR Document ID: 1356390

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 #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxxx) Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
□ Oil □ WSW □ SWD	Producing Formation:
Gas DH EOR	Elevation: Ground: Kelly Bushing:
	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	Leading of field flancastiff had a field
EOR Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Canad Date on Date Decembed TD Completing Date on	Quarter Sec TwpS. R
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	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 Approved by: Date:

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Page Two

Operator Name: _				Lease Name:			Well #:	
Sec Twp.	S. R.	Ea	ast West	County:				
	flowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.go\	. Digital electronic log
Drill Stem Tests Ta			Yes No		_	on (Top), Depth ar		Sample
Samples Sent to G	Geological Surv	ey	Yes No	Na	me		Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No					
		R			New Used	on, etc.		
Purpose of Strir		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / S	QUEEZE RECORD	I		
Purpose:		epth Ty	pe of Cement	# Sacks Used	ed Type and Percent Additives			
Protect Casi								
Plug Off Zon								
 Did you perform a Does the volume o Was the hydraulic 	of the total base f	luid of the hydraulic	fracturing treatment	_	=	No (If No, sk	ip questions 2 an ip question 3) out Page Three (,
Date of first Producti Injection:	ion/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other (Explain)		
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			N INTERVAL: Bottom
	_	on Lease	Open Hole			mmingled mit ACO-4)	Тор	Bottom
,	, Submit ACO-18.)				· · · · · · · · · · · · · · · · · · ·			
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid	Fracture, Shot, Cer (Amount and Kind	menting Squeeze I of Material Used)	Record
TUBING RECORD:	Size:	Set /	At:	Packer At:				
. 5213 (1200) 10.	JIEG.			. 30.0.71				

Form	ACO1 - Well Completion
Operator	BEREXCO LLC
Well Name	ROY 1-34
Doc ID	1356390

All Electric Logs Run

<u> </u>	
Gamma Ray Neutron Log	
Bore Hole Compensated Sonic	
Dual Induction	
Radiation Guard Log	

Form	ACO1 - Well Completion
Operator	BEREXCO LLC
Well Name	ROY 1-34
Doc ID	1356390

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
	4090-4094,4094- 4095,4094-4096		4090-4096

Form	ACO1 - Well Completion
Operator	BEREXCO LLC
Well Name	ROY 1-34
Doc ID	1356390

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	23	267	Common	200	3% Calcium Chloride, 2% Gel
Production	7.875	5.5	15.5	4219	Lite	100	.25# Flow Seal
Production	7.875	5.5	15.5	4219	ASC	150	2% Gel, 10% Salt, .25# Flow Seal

PO11-34WT

GLOBAL OIL FIELD SERVICES, LLC

2920

IF PAID IN 30 DAYS

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and the on you		RILLING	/16#2		UWNER			
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GLOBAL OIL FIELD SERVICES, LLC

REMIT TO

24 S. Lincoln Russell, KS 67665

SERVICE POINT

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