

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	SELTMANN 1-12
Doc ID	1356926

All Electric Logs Run

Sonic
Dual Induction
Dual Compensated Porosity
Microresistivity

Form	ACO1 - Well Completion
Operator	BEREXCO LLC
Well Name	SELTMANN 1-12
Doc ID	1356926

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4039-4046		4039-4046

Form	ACO1 - Well Completion
Operator	BEREXCO LLC
Well Name	SELTMANN 1-12
Doc ID	1356926

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	23	265	Common	250	3% Calcium Chloride, 2% Gel
Production	7.875	5.5	15.5	4149	Lite	100	None
Production	7.875	5.5	15.5	4149	ASC	150	2% gel, 10% salt, 5# Gilsonite
Production	7.875	5.5	15.5	1459	Lite	300	.25# floseal



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Berexco, LLC
2020 N. Bramblewood
Wichita, KS 67206
ATTN: Bryan Bynog

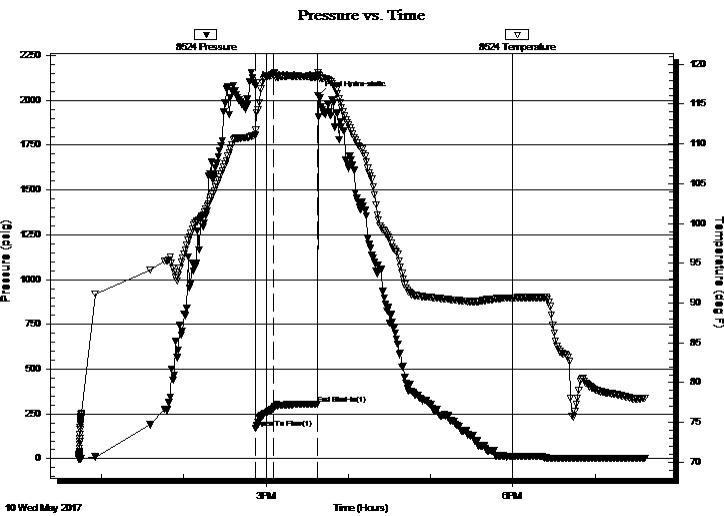
12-17S-21W Ness, KS
Seltmann #1-12
Job Ticket: 63186 **DST#: 1**
Test Start: 2017.05.10 @ 12:43:20

GENERAL INFORMATION:

Formation: **Cherokee A**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 14:52:41
Time Test Ended: 19:36:56
Interval: **4032.00 ft (KB) To 4044.00 ft (KB) (TVD)**
Total Depth: 4044.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair
Test Type: Conventional Bottom Hole (Initial)
Tester: Brannan Lonsdale
Unit No: 73
Reference Elevations: 2177.00 ft (KB)
2169.00 ft (CF)
KB to GR/CF: 8.00 ft

Serial #: 8524 Outside
Press@RunDepth: 280.78 psig @ 4041.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2017.05.10 End Date: 2017.05.10 Last Calib.: 2017.05.10
Start Time: 12:43:21 End Time: 19:36:56 Time On Btm: 2017.05.10 @ 14:52:11
Time Off Btm: 2017.05.10 @ 15:37:56

TEST COMMENT: 15- IF- BOB 30secs
30- IS- BOB 11mins Pulled tool



PRESSURE SUMMARY

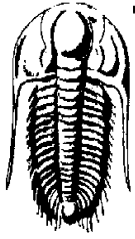
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2079.88	111.09	Initial Hydro-static
1	169.35	111.74	Open To Flow (1)
14	280.78	118.86	Shut-In(1)
46	302.85	118.35	End Shut-In(1)
46	2027.06	118.97	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
117.00	GOCMW, 15%G 15%O 55%W 15%M	0.58
471.00	GWMCO, 15%G 65%O 5%W 15%M	2.89
78.00	CGO, 10%G 90%O	1.11
0.00	791' 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
ATTN: Bryan Bynog

12-17S-21W Ness, KS
Seltmann #1-12
Job Ticket: 63186 **DST#: 1**
Test Start: 2017.05.10 @ 12:43:20

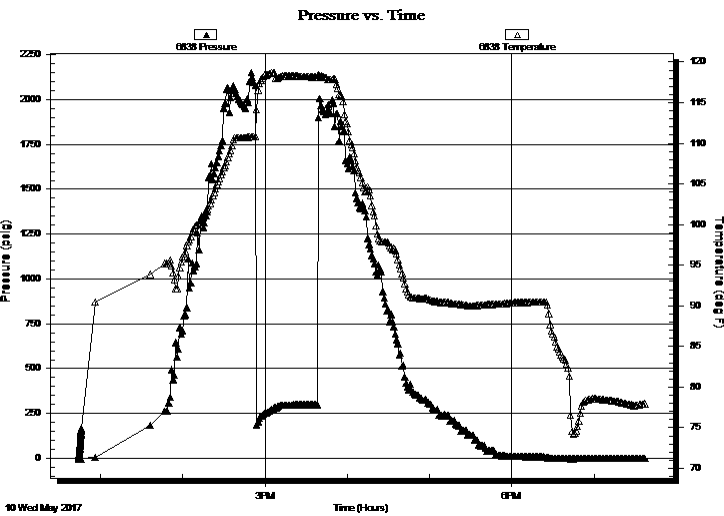
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Test Type: Conventional Bottom Hole (Initial)
Tester: Brannan Lonsdale
Unit No: 73
Reference Elevations: 2177.00 ft (KB)
2169.00 ft (CF)
KB to GR/CF: 8.00 ft

Serial #: 6838 Inside

Press@RunDepth: psig @ 4041.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2017.05.10 End Date: 2017.05.10 Last Calib.: 2017.05.10
Start Time: 12:43:58 End Time: 19:37:33 Time On Btm:
Time Off Btm:

TEST COMMENT: 15- IF- BOB 30secs
30- IS- BOB 11mins Pulled tool



PRESSURE SUMMARY

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

Recovery

Length (ft)	Description	Volume (bbl)
117.00	GOCMW, 15%G 15%O 55%W 15%M	0.58
471.00	GWMCO, 15%G 65%O 5%W 15%M	2.89
78.00	CGO, 10%G 90%O	1.11
0.00	791' GIP	0.00

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Berexco, LLC

12-17S-21W Ness, KS

2020 N. Bramblewood
Wichita, KS 67206

Seltmann #1-12

Job Ticket: 63186

DST#: 1

ATTN: Bryan Bynog

Test Start: 2017.05.10 @ 12:43:20

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

33 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

27000 ppm

Viscosity: 56.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.19 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 5000.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
117.00	GOCMW, 15%G 15%O 55%W 15%M	0.575
471.00	GWMCO, 15%G 65%O 5%W 15%M	2.890
78.00	CGO, 10%G 90%O	1.106
0.00	791' GIP	0.000

Total Length: 666.00 ft Total Volume: 4.571 bbl

Num Fluid Samples: 0

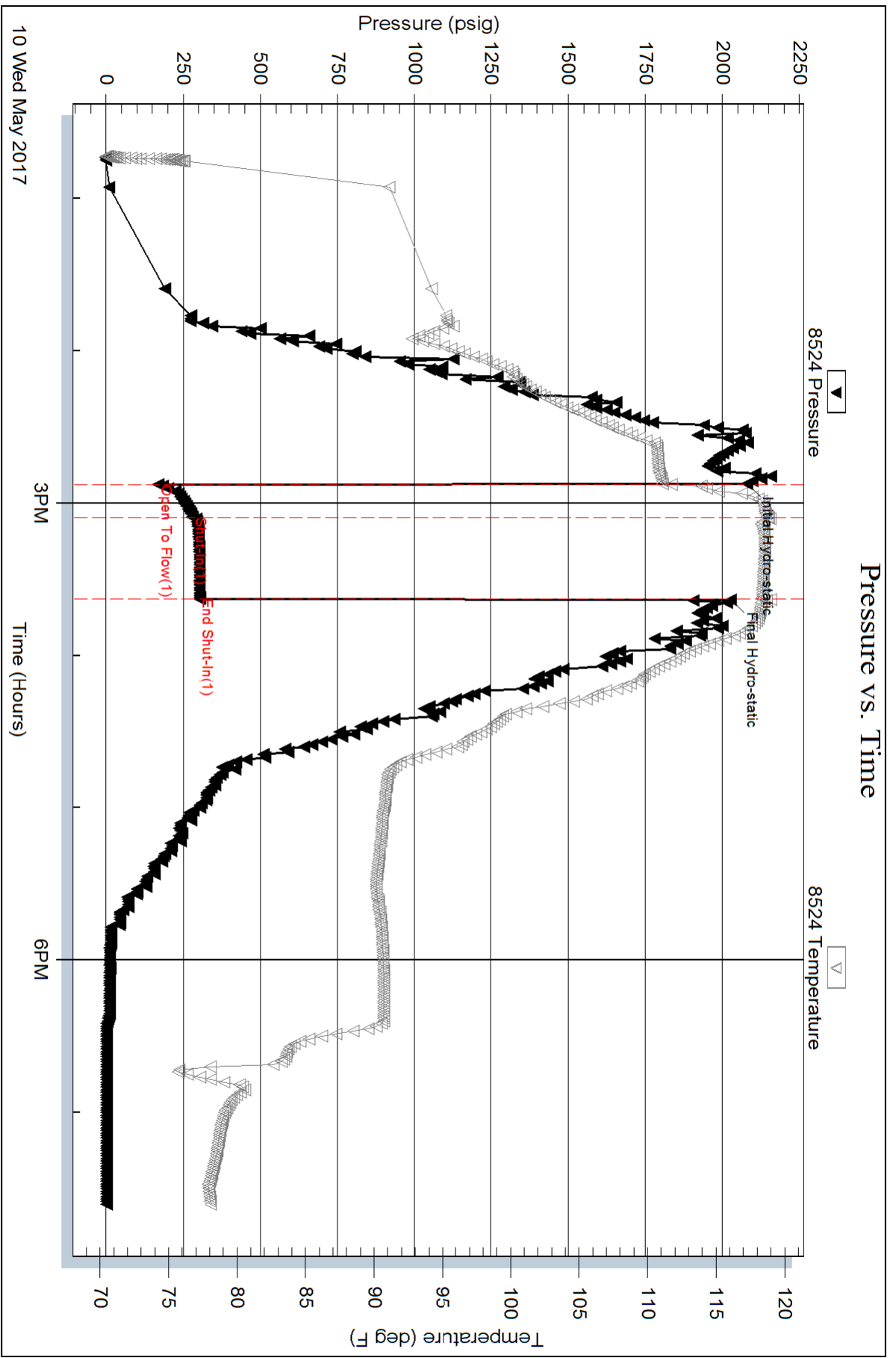
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: RW: .22@76deg



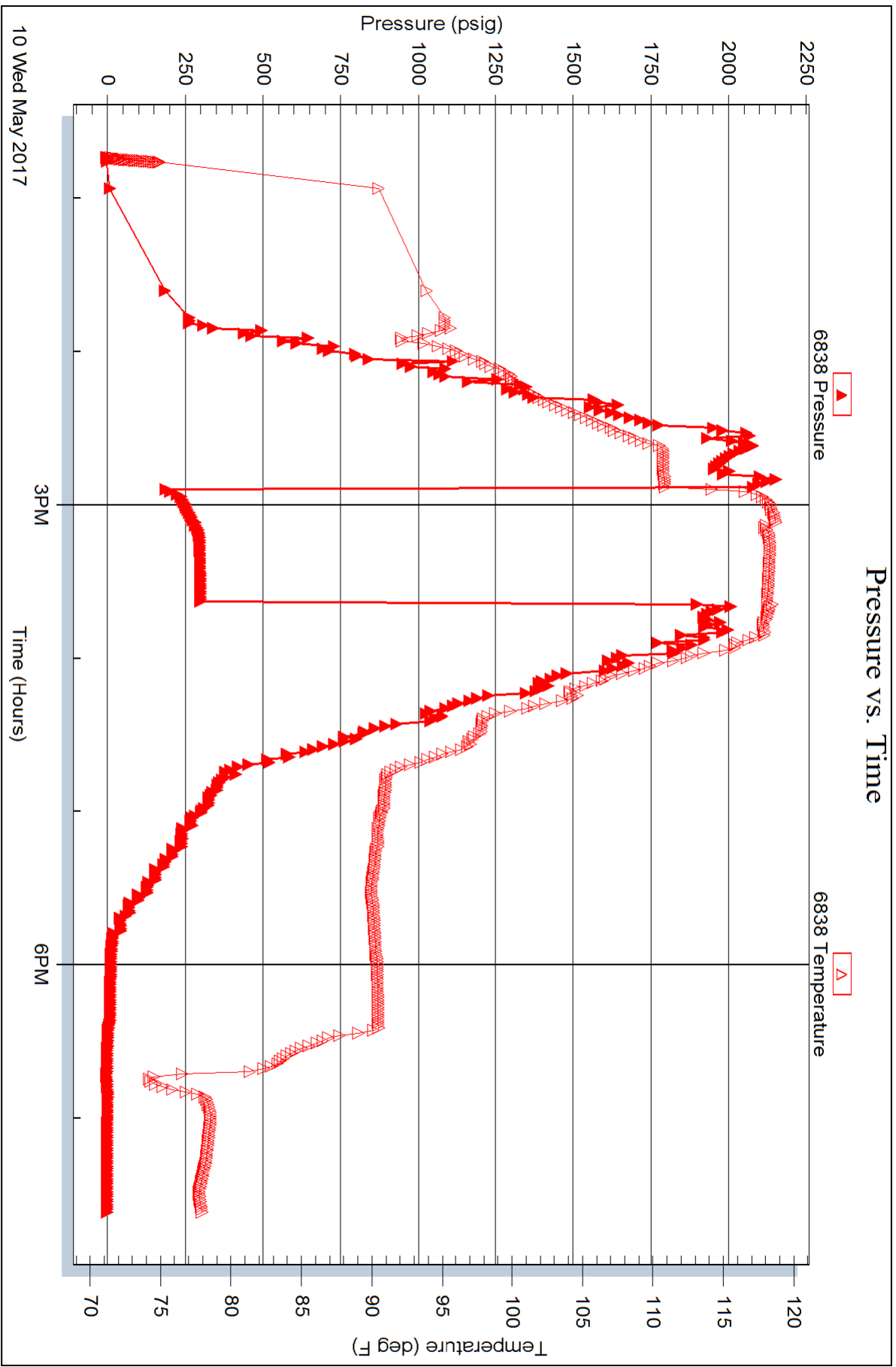
Serial #: 6838

Inside

Berexco, LLC

Seltrann #1-12

DST Test Number: 1



SEPT MANN 1 WELL ACQ

GLOBAL OIL FIELD SERVICES, LLC

2935

REMIT TO 24 S. Lincoln
Russell, KS 67665

SERVICE POINT:
Russell, KS

DATE 5-6-17	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE	WELL #.	LOCATION McCracken, KS			COUNTY RUSH	STATE KS	9 AM
OLD OR NEW (CIRCLE ONE)							

CONTRACTOR Bereco Drilling Rig #2

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4 T.D. 252.91'

CASING SIZE 8 5/8 DEPTH 252.91 + 10' LT

TUBING SIZE DEPTH

DRILL PIPE 4 1/2 DEPTH

TOOL DEPTH

PRES. MAX. MINIMUM

MEAS. LINE SHOE JOINT 42.19'

CEMENT LEFT IN CSG. 20'

PERFS

DISPLACEMENT

OWNER

CEMENT AMOUNT ORDERED 250 SX COM 3% CC 2% GEL

EQUIPMENT

PUMP TRUCK CEMENTER BRAD

417 HELPER JASON

BULK TRUCK

378 DRIVER KAIS

BULK TRUCK

DRIVER

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

HANDLING @

MILEAGE @

TOTAL

REMARKS:

Run in to its new 8 5/8 casing, circulate mud, mix 250 SX, displace w/ 11 BBL H2O, shut in @ 200 PSI, cement did circulate

CHARGE TO: Bereco

STREET

CITY STATE ZIP

Global Oil Field 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 Miguel Salinas

SIGNATURE Miguel Salinas

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE

EXTRA FOOTAGE @

MILEAGE @

MANIFOLD @

TOTAL

PLUG & FLOAT EQUIPMENT

@

@

@

@

TOTAL

SALES TAX (If Any)

TOTAL CHARGES

DISCOUNT IF PAID IN 30 DAYS

GLOBAL OIL FIELD SERVICES, LLC

2870

REMIT TO 24 S. Lincoln
Russell, KS 67665

SERVICE POINT: Russell

DATE <u>5-12-17</u>	SEC. <u>12</u>	TWP. <u>17S</u>	RANGE <u>21W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>9:45 AM</u>
LEASE <u>Seltman</u>	WELL #. <u>1-12</u>	LOCATION <u>McClellan 1W 1N 1/4</u>		COUNTY <u>Wes</u>	STATE <u>Ks</u>		
OLD OR NEW (CIRCLE ONE) <u>NEW</u>							

CONTRACTOR Berexco #2 OWNER _____

TYPE OF JOB PROD STRING

HOLE SIZE 7 1/2 T.D. 4150

CASING SIZE 5 1/2 DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS _____

DISPLACEMENT 96.72 34.3

EQUIPMENT _____

PUMP TRUCK # _____ CEMENTER Bull HELPER Jason

BULK TRUCK # _____ DRIVER Tom

BULK TRUCK # _____ DRIVER Chris

CEMENT AMOUNT ORDERED

150 ASC 5" 11.5 lb

450 G 1 1/2" 4.1 lb 5 lb sack

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____

TOTAL _____

Bottom plug down 6:00 A.M.

REMARKS:

Pipe set @ 4150' stop at 87'

Insert @ 4064'

Conn. w/ 1500' 1 1/2" following 150' ASC

pump plug w/ 96.72' ball and plug @ 1500'

open D.V. PSI Circ 3 hrs

Cement w/ 300' 1 1/2" cement did Circ.

OUTLET @ 4150' # 63 30 RH

20 MH

CHARGE TO: Berexco LLC

STREET _____

CITY _____ STATE _____ ZIP _____

Global Oil Field 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 _____

SIGNATURE Mark Z...

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

_____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

P.V. Tool - 1 @ _____

Stacking - 1 @ _____

Baskets - 2 @ _____

TURBOrent - 10 @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS