

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1371224

Form ACO-1 November 2016 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
City: State: Zip:+	Feet from East / West Line of Section
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.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
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:
☐ OG ☐ GSW	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? Yes No
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)
Committed Bounds the	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Eccation of fluid disposal if fluided offsite.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R
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 I II Approved by: Date:				

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Operator Name: _				Lease Name:			Well #:	
Sec Twp	oS. R.	Eas	t West	County:				
	flowing and shu	t-in pressures, wh	ether shut-in pre	ssure reached sta	itic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subr						iled to kcc-well-lo	gs@kcc.ks.gov	. Digital electronic log
Drill Stem Tests Taken Yes N (Attach Additional Sheets)		Yes No	Log Formation (Top),		on (Top), Depth ar		Sample	
Samples Sent to Geological Survey			Yes No	Na	ne		Тор	Datum
Cores Taken Electric Log Run Geolgist Report / List All E. Logs Ru	_		Yes □ No Yes □ No Yes □ No					
List All L. Logs III	un.							
		Rep		RECORD [] I	New Used	on, etc.		
Purpose of Stri			ize Casing	Weight	Setting	Type of	# Sacks	Type and Percent
	Ori	lled S	et (In O.D.)	Lbs. / Ft.	Depth	Cement	Used	Additives
		l l	ADDITIONAL	. CEMENTING / SC	LIFEZE BECORD	l		
Purpose:		epth Typ	e of Cement	# Sacks Used		Type and F	Percent Additives	
Perforate		Bottom			7,			
Protect Cas	гD							
Plug Off Zo	ne							
2. Does the volume	of the total base fl	ng treatment on this uid of the hydraulic f ent information subm	racturing treatment	_		No (If No, sk	ip questions 2 an ip question 3) out Page Three c	
Date of first Produc	tion/Injection or Re	esumed Production/	Producing Meth	nod:				
Injection:			Flowing	Pumping	Gas Lift C	Other (Explain)		
Estimated Product Per 24 Hours	ion	Oil Bbls.	Gas	Mcf W	ater B	bls. (Gas-Oil Ratio	Gravity
DISPO	SITION OF GAS:		N	METHOD OF COMP	_ETION:		PRODUCTIO	
☐ Vented ☐ Sold ☐ Used on Lease ☐ Open Hole (If vented, Submit ACO-18.)					nmingled mit ACO-4)	Тор	Bottom	
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid,	Fracture, Shot, Cer		Record
	100		.,,,,,			(,		
TUBING RECORD	: Size:	Set At	:	Packer At:				

Form	ACO1 - Well Completion
Operator	BEREXCO LLC
Well Name	REINHARDT D LEASE 8
Doc ID	1371224

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	24	864	50/50 Pozmix		3% Calcium Chloride, 2% gel, 1/4# floseal
Production	7.875	5.5	15.5	3305	EA2	250	5% Calseal, 18% salt, 1/4# floseal