

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 Recompletion Date _____ 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) (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	MATOSH A 8
Doc ID	1392662

All Electric Logs Run

Dual Induction
Cement Bond log
Dual Compensated Porosity Log
Sonic log
Gamma Ray Neutron

Form	ACO1 - Well Completion
Operator	BEREXCO LLC
Well Name	MATOSH A 8
Doc ID	1392662

Perforations

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugType	BridgePlugSet At	Material Record
4	3282	3292			250 gallons of 15% HCL NEFE
4	3246	3252			750 gallons of 15% HCL NEFE
4	3255	3263			
4	3138	3156			1000 gallons of 15% HCL NEFE
4	3104	3108			750 gallons of 15% HCL NEFE
4	3049	3052			750 gallons of 15% HCL NEFE
4	2984	2991			1000 gallons of 15% HCL NEFE
4	2777	2780			750 gallons of 15% HCL NEFE

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 652

Date	2-13-18	Sec.	34	Twp.	16	Range	10	County	Ellsworth	State	Ks	On Location		Finish	9:30PM
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Location *Hollywood - 1/4 N on 5th Rd, W15*

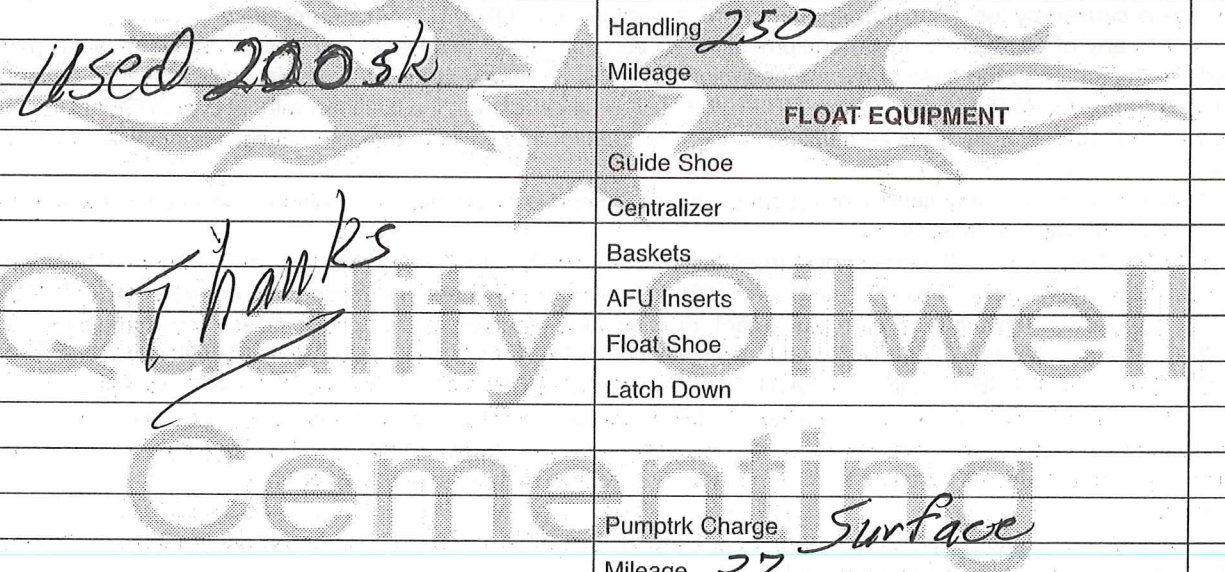
Lease	<i>Matosh A</i>		Well No.	<i>8</i>	Owner	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.	
Contractor	<i>Royal I</i>				Charge To	<i>Berexco LLC.</i>	
Type Job	<i>Surface</i>				Street		
Hole Size	<i>12 1/4"</i>	T.D.	<i>305'</i>		City	State	
Csg.	<i>8 5/8"</i>	Depth	<i>305'</i>		The above was done to satisfaction and supervision of owner agent or contractor.		
Tbg. Size			Depth				
Tool			Depth				
Cement Left in Csg.	<i>20'</i>	Shoe Joint	<i>20'</i>		Cement Amount Ordered	<i>250 Com 3% CC 2% Gel</i>	
Meas Line			Displace	<i>18 1/4 BLS</i>			

EQUIPMENT				Common
Pumptrk	<i>16</i>	No.	Cementer	<i>200</i>
			Helper	
Bulktrk	<i>3</i>	No.	Driver	Poz. Mix
			Driver	<i>4</i>
Bulktrk	<i>pin</i>	No.	Driver	Calcium
			Driver	<i>8</i>

JOB SERVICES & REMARKS		Hulls
Remarks:	<i>Cement did Circulate</i>	Salt
Rat Hole		Flowseal
Mouse Hole		Kol-Seal
Centralizers		Mud CLR 48
Baskets		CFL-117 or CD110 CAF 38
D/V or Port Collar		Sand
		Handling <i>250</i>
		Mileage

FLOAT EQUIPMENT	
	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down
	Pumptrk Charge <i>Surface</i>
	Mileage <i>37</i>

X Signature <i>Hony Budig</i>	Tax
	Discount
	Total Charge



QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 656

Date	2-A-18	Sec.	34	Twp.	16	Range	10	County	Ellsworth	State	Ks	On Location		Finish	6:00 AM
Lease								Location		Hollywood Northside 5th Rd, 1/2 N, Wk					
Lease								Well No.		8					
Contractor								Owner		To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.					
Type Job								Charge To		Berexco					
Hole Size								T.D.		3375'					
Csg.								Depth		3363'					
Tbg. Size								Depth		City State					
Tool								Depth		The above was done to satisfaction and supervision of owner agent or contractor.					
Cement Left in Csg.								Shoe Joint		Cement Amount Ordered					
Meas Line								Displace		Cement Amount Ordered					
EQUIPMENT								Common		200 Com 10% Salt 5% Gilsomite 2% Gel					
Pumptrk								Cement		Common					
Bulktrk								Helper		Poz. Mix					
Bulktrk								Driver		Gel.					
Bulktrk								Driver		Calcium					
JOB SERVICES & REMARKS								Hulls							
Remarks:								Salt							
Rat Hole								Flowseal							
Mouse Hole								Kol-Seal							
Centralizers								Mud CLR 48							
Baskets								CFL-117 or CD110 CAF 38							
D/V or Port Collar								Sand							
mousehole w/ 15 sv light cement 5 1/2"								Handling							
Casing w/ 80 sv light cement Tailed								Mileage							
by 200 sv Common & shut down wash								FLOAT EQUIPMENT							
pump + lines Displaced plug w/ 80 RIS								Guide Shoe		Limit clamp					
H2O. Released + held								Centralizer		14					
Lift pressure 1000 #								Baskets							
Land plug to 1750 #								AFU Inserts							
								Float Shoe		1					
								Latch Down		1					
								Pumptrk Charge							
								Mileage							
								Tax							
								Discount							
X Signature								Total Charge							

X Signature *Jan Hayward*

MUD LOG

WellSight Systems

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

Well Name: Matosh A #8 API: 15-053-21359-000 Location: E2 SE Sec. 34-16S-10W License Number: 34318 Spud Date: 2-12-18 Surface Coordinates: Lat: 38.612402 Long: -98.408332 (NAD27) Bottom Hole Coordinates: Lat: 38.612402 Long: -98.408332 (NAD27)	Region: Ellsworth Co., KS Drilling Completed: 2-18-2018 K.B. Elevation (ft): 1829' Total Depth (ft): 3375' Formation: Arbuckle, LKC Type of Drilling Fluid: Drilling Mud
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Printed by MudLog 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

ROCK TYPES

<ul style="list-style-type: none"> Anhy Bent Brec Cht 	<ul style="list-style-type: none"> Clyst Coal Congl Dol 	<ul style="list-style-type: none"> Gyp Igne Lmst Meta 	<ul style="list-style-type: none"> Mrlst Salt Shale Shcol Shgy Sltst Ss Till
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ACCESSORIES

MINERAL <ul style="list-style-type: none"> Anhyrn Arg Bent Bit Brecfrag Calc Chtdk Chtlt Dol Feldspar Ferr Glau 	<ul style="list-style-type: none"> Gyp Hvymin Kaol Marl Minxl Nodule Phos Pyr Salt Sandy Silt Sil Sulphur Tuff 	FOSSIL <ul style="list-style-type: none"> Algae Amph Belm Bioclst Brach Bryozoa Cephal Coral Crin Echin Fish Foram Fossil Gastro Oolite 	<ul style="list-style-type: none"> Ostra Pelec Pellet Plant Strom
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OTHER SYMBOLS

POROSITY <ul style="list-style-type: none"> Earthy Fenest Fracture Inter Moldic Organic Pinpoint 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Vuggy SORTING Well Poor 	ROUNDING <ul style="list-style-type: none"> Rounded Subrnd Subang Angular 	<ul style="list-style-type: none"> Spotted Ques Dead
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