

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
--	---

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
---	---	------------------------------------

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:	
----------------	-------	---------	------------	--



Customer <b>Berenco</b>	Lease No.	Date <b>3/30/2018</b>
Lease <b>Pierson</b>	Well # <b>3-14</b>	
Field Order # <b>16436</b>	Station <b>Pratt, KS</b>	Casing <b>13 3/8</b>
Type Job <b>242/13 3/8 surface</b>	Formation <b>TD-322</b>	Legal Description <b>14-35s-134</b>
	Depth <b>304</b>	County <b>Barber</b>
		State <b>KS</b>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
13 3/8	8 1/2			Pre Pad	Max		5 Min.	
Depth 304	Depth 15	From	To	Pad	Min		10 Min.	
Volume 47	Volume 1	From	To	Frac	Avg		15 Min.	
Max Press	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection	Annulus Vol.	From	To	Flush <b>Freshwater</b>	Gas Volume		Total Load	
Plug Depth <b>287</b>	Packer Depth	From	To					

Customer Representative **Ricci Berger** Station Manager **Justin Westerman** Treater **Darin Franklin**

Service Units	92911	84980	20920	19959	19918				
Driver Names	Darin	Ed	Ed	Dillon	Dillon				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1:00am					On Location / Safety meeting
					170 SK A Serv Life, 6% Gel, 3% Calcium Chloride, 1/4# cellof 19ke
					13.0ppg, - 1.77 veild, 9.19 wster
					100 SK Common Cement, 2% Calcium Chloride, 1/4# cellof 19ke
					15.6 ppg, 1.20 veild, 5.23 wster
5:00am	200		3	5	Pump 3 bbls wster
	200		54	5	Mix 170 SK 1 egg Cement
	200		21	5	Mix 100 SK + 9:1 Cement
	200		46	3	Displace Freshwater
5:45am					Shut in
					Cement die Circulgr - 10 bbls
					Job Complete / Darin & crew
					Thank you!!!

Customer BIRCHWOOD	Lease No.	Date 4-5-18	
Lease	Well # 3-10		
Field Order #	Station P155	Casing 5 7/8	Depth 5101
Type Job 2-47 3/4 100/200	Formation 5101	County BANKS	State KS
		Legal Description 1/4 35S 13W	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
Depth	Depth	From	To	Pre Pad	Max		5 Min.	
Volume	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush 120.4	Gas Volume		Total Load	

Customer Representative Wilson	Station Manager Westerman	Treater MARC
-----------------------------------	------------------------------	-----------------

Service Units 8553	2740	1996	1750					
Driver Names								

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
					ON location / safety meeting
					1400 5101 15.5" 5 7/8" 5000
					pressure 1.5, 2.7, 4.0, 5.0, 6.0, 7.0, 8.0
					max 10 3/4 48" h
4:11					Stop pump
4:15					down 10' / 100' / 200' / 300'
4:20			5	5	down 5 bbl water
4:25			5	5	max low 500' / 1000'
4:30			5	5	max low 500' / 1000'
4:35			4	3	max low 500' / 1000'
4:40			5	5	max low 500' / 1000'
4:45			5	5	max low 500' / 1000'
4:50			5	5	max low 500' / 1000'
4:55			5	5	max low 500' / 1000'
5:00			5	5	max low 500' / 1000'
5:05			5	5	max low 500' / 1000'
5:10			5	5	max low 500' / 1000'
5:15			5	5	max low 500' / 1000'
5:20			5	5	max low 500' / 1000'
5:25			5	5	max low 500' / 1000'
5:30			5	5	max low 500' / 1000'
5:35			5	5	max low 500' / 1000'
5:40			5	5	max low 500' / 1000'
5:45			5	5	max low 500' / 1000'
5:50			5	5	max low 500' / 1000'
5:55			5	5	max low 500' / 1000'
6:00			5	5	max low 500' / 1000'
6:05			5	5	max low 500' / 1000'
6:10			5	5	max low 500' / 1000'
6:15			5	5	max low 500' / 1000'
6:20			5	5	max low 500' / 1000'
6:25			5	5	max low 500' / 1000'
6:30			5	5	max low 500' / 1000'
6:35			5	5	max low 500' / 1000'
6:40			5	5	max low 500' / 1000'
6:45			5	5	max low 500' / 1000'
6:50			5	5	max low 500' / 1000'
6:55			5	5	max low 500' / 1000'
7:00			5	5	max low 500' / 1000'
7:05			5	5	max low 500' / 1000'
7:10			5	5	max low 500' / 1000'
7:15			5	5	max low 500' / 1000'
7:20			5	5	max low 500' / 1000'
7:25			5	5	max low 500' / 1000'
7:30			5	5	max low 500' / 1000'
7:35			5	5	max low 500' / 1000'
7:40			5	5	max low 500' / 1000'
7:45			5	5	max low 500' / 1000'
7:50			5	5	max low 500' / 1000'
7:55			5	5	max low 500' / 1000'
8:00			5	5	max low 500' / 1000'
8:05			5	5	max low 500' / 1000'
8:10			5	5	max low 500' / 1000'
8:15			5	5	max low 500' / 1000'
8:20			5	5	max low 500' / 1000'
8:25			5	5	max low 500' / 1000'
8:30			5	5	max low 500' / 1000'
8:35			5	5	max low 500' / 1000'
8:40			5	5	max low 500' / 1000'
8:45			5	5	max low 500' / 1000'
8:50			5	5	max low 500' / 1000'
8:55			5	5	max low 500' / 1000'
9:00			5	5	max low 500' / 1000'
9:05			5	5	max low 500' / 1000'
9:10			5	5	max low 500' / 1000'
9:15			5	5	max low 500' / 1000'
9:20			5	5	max low 500' / 1000'
9:25			5	5	max low 500' / 1000'
9:30			5	5	max low 500' / 1000'
9:35			5	5	max low 500' / 1000'
9:40			5	5	max low 500' / 1000'
9:45			5	5	max low 500' / 1000'
9:50			5	5	max low 500' / 1000'
9:55			5	5	max low 500' / 1000'
10:00			5	5	max low 500' / 1000'

# MUD LOG

## WellSight Systems

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

<p>Well Name: Pierson #3-14          API: 15-007-24327-0000          Location: S2 N2 NW NW of Sec. 14, T35S - R13W          License Number: 34318          Spud Date: March 29, 2018          Surface Coordinates: 335' FNL 660'FWL</p>	<p>Region: Barber Co, KS          Drilling Completed: April 4, 2018</p>
<p>Bottom Hole 335' FNL 660'FWL          Coordinates:</p>	
<p>Ground Elevation (ft): 1472'                      K.B. Elevation (ft): 1484'          Logged Interval (ft): 3500'              To: 5100'              Total Depth (ft): 5100'          Formation: Mississippi, Cherokee          Type of Drilling Fluid: Mud</p>	

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

### Cores






### DSTs

### Comments

### ROCK TYPES

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

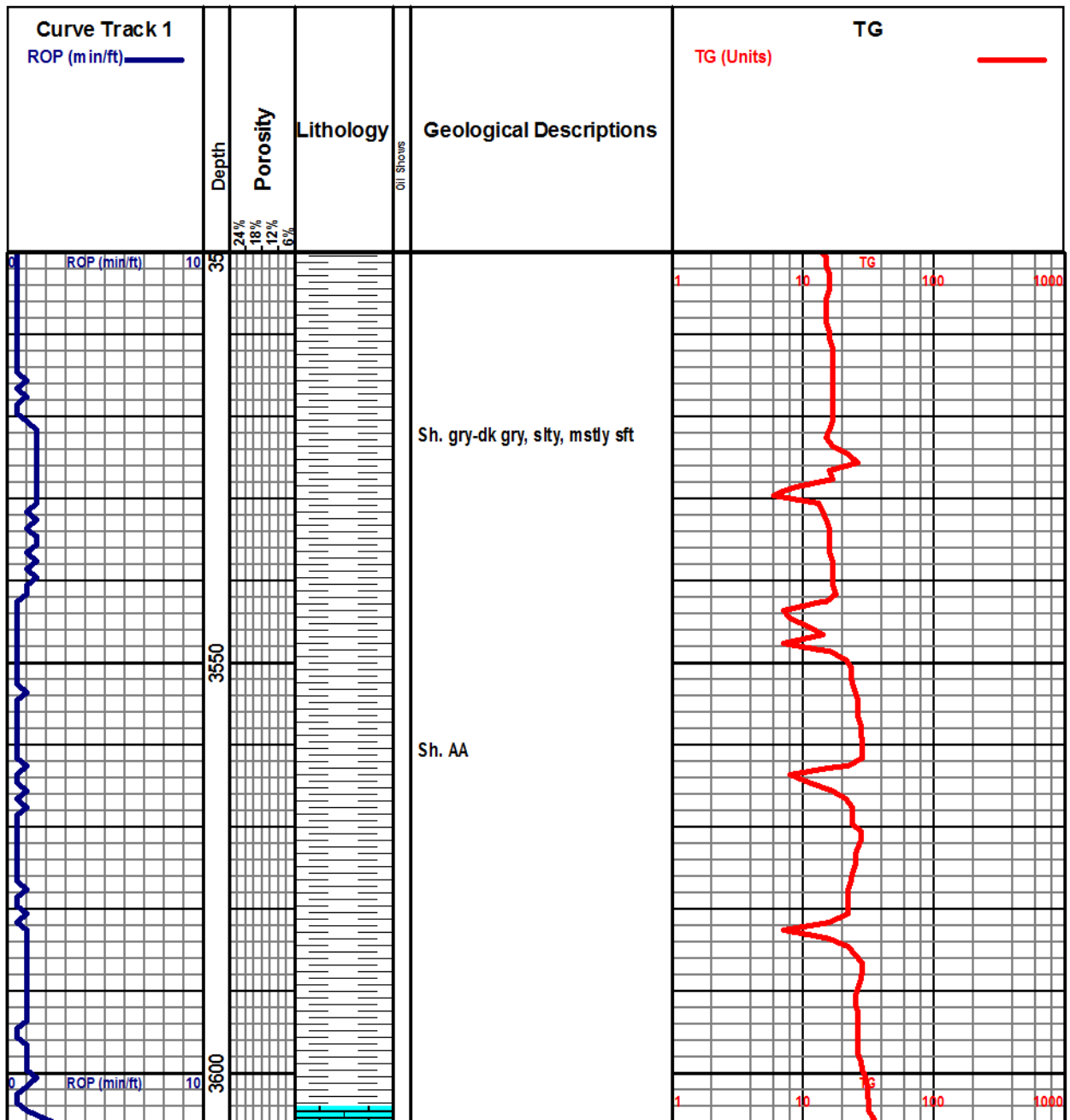
### ACCESSORIES

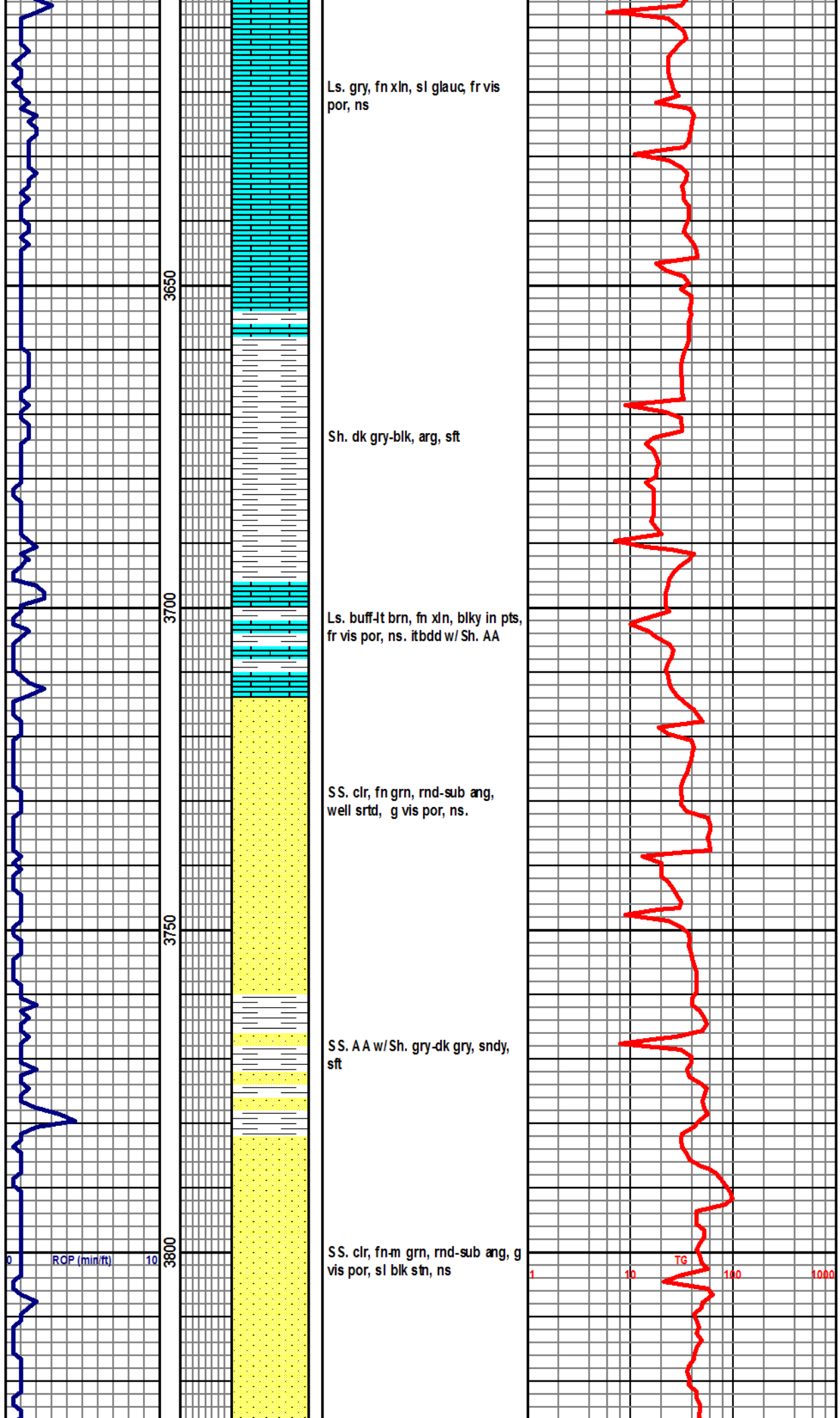
<b>MINERAL</b>	 Gyp	<b>FOSSIL</b>	 Ostra	 Sltstrg
 Anhy	 Hvymn	 Algae	 Pelec	 Ssstrg
 Arggrn	 Kaol	 Amph	 Pellet	
 Arg	 Marl	 Belm	 Pisolite	<b>TEXTURE</b>

Bent	Minxl	Bioclst	Plant	Boundst
Bit	Nodule	Brach	Strom	Chalky
Brecfrag	Phos	Bryozoa	<b>STRINGER</b>	Cryxln
Calc	Pyr	Cephal	Anhy	Earthy
Carb	Salt	Coral	Arg	Finexln
Chtdk	Sandy	Crin	Bent	Grainst
Chtlt	Silt	Echin	Coal	Lithogr
Dol	Sil	Fish	Dol	Microxln
Feldspar	Sulphur	Foram	Gyp	Mudst
Ferrpel	Tuff	Fossil	Ls	Packst
Ferr		Gastro	Mrst	Wackest
Glau		Oolite		

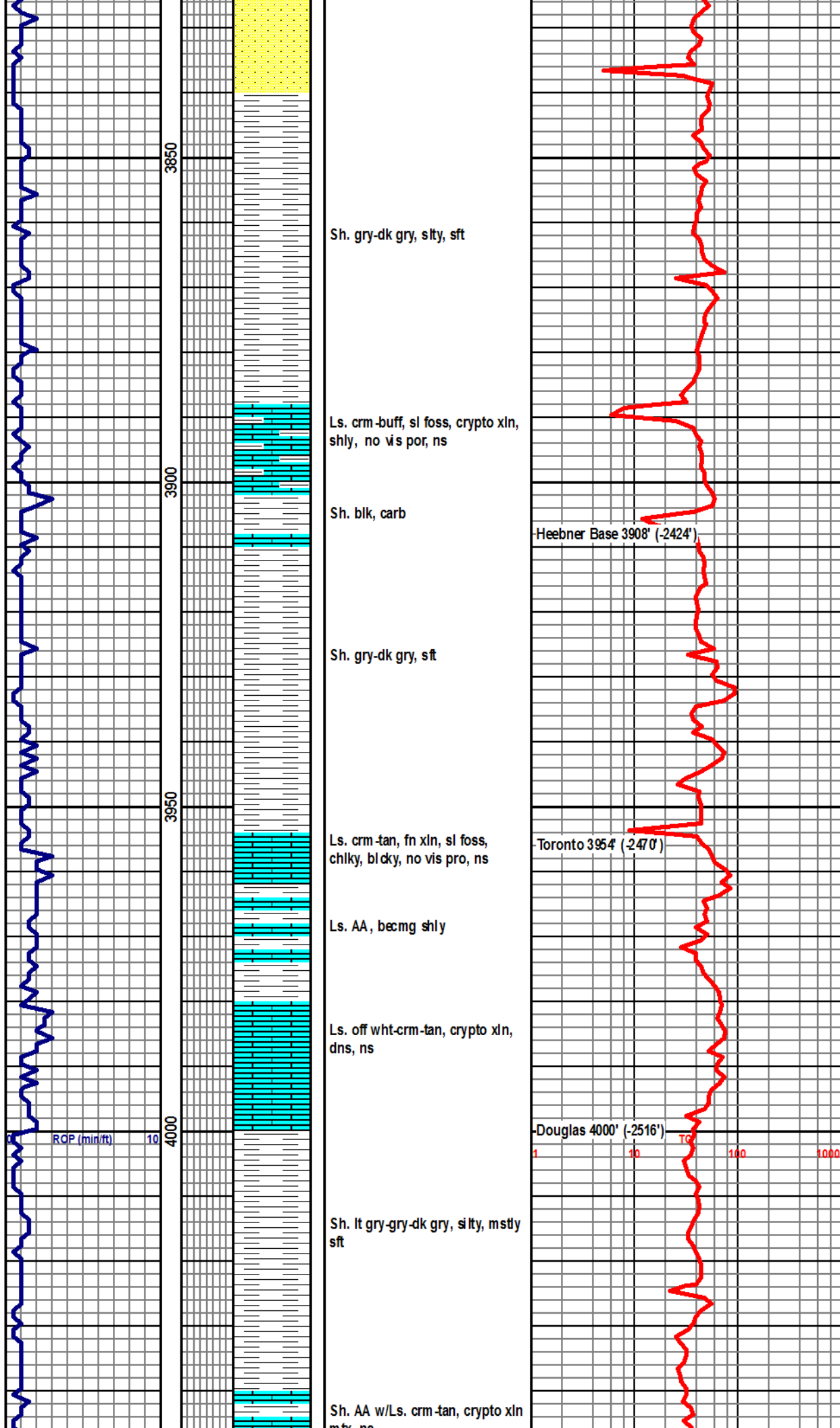
**OTHER SYMBOLS**

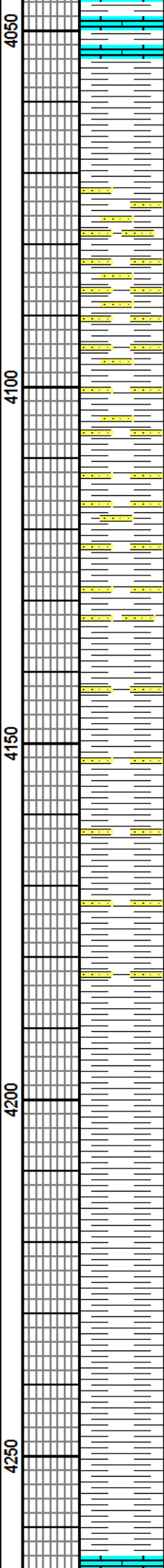
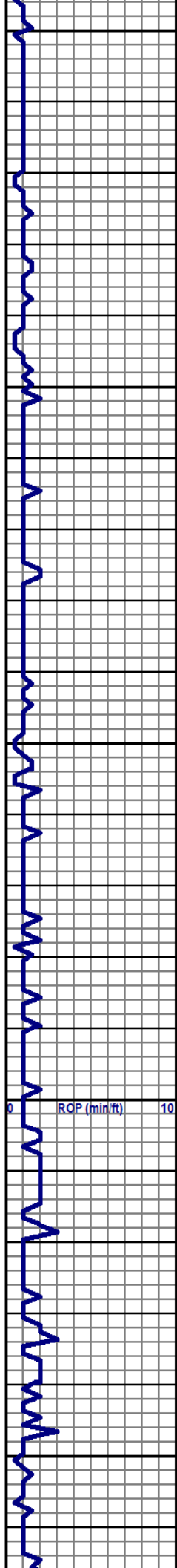
<b>POROSITY</b>	Vuggy	<b>ROUNDING</b>	Spotted	<b>EVENT</b>
Earthy		Rounded	Ques	Rft
Fenest	<b>SORTING</b>	Subrnd	Dead	Sidewall
Fracture	Well	Subang		
Inter	Moderate	Angular	<b>INTERVAL</b>	
Moldic	Poor		Core	
Organic		<b>OIL SHOW</b>	Dst	
Pinpoint		Even		











Sh. gry-dk gry, sity, sndy, sft

Sh. AA w/SS. clr, v fn grm, well rnd, sl vis por, ns

Sh. AA, few S.S. AA

Sh. AA. no S.S.

