KOLAR Document ID: 1423953

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:		SecTwpS. R □East □ West
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.xxxxxx)
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84
Purchaser:		County:
Designate Type of Completion:		Lease Name: Well #:
New Well Re-Entry	Workover	Field Name:
	SWD	Producing Formation:
	EOR	Elevation: Ground: Kelly Bushing:
	GSW	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	3311	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 for	ollows:	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 ☐ 0	Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
□ Occurring de d		Chloride content: ppm Fluid volume: bbls
	nit #:	Dewatering method used:
	nit #: nit #:	Location of fluid disposal if hauled offsite:
	nit #:	Location of fluid disposal if fladied offsite.
	nit #:	Operator Name:
		Lease Name: License #:
Spud Date or Date Reached	——— —————————————————————————————————	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 II Approved by: Date:						

KOLAR Document ID: 1423953

#### Page Two

Operator Name:					Lease Nam	ne:			Well #:	
Sec Tw	pS. F	R [	East	West	County:					
open and closed and flow rates if	, flowing and sh gas to surface t ty Log, Final Lo	nut-in pressurest, along wit	es, whe h final c ain Geo	ther shut-in pre hart(s). Attach physical Data a	essure reached extra sheet if r and Final Electr	station more : ric Loc	level, hydrosta space is needed	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery,  Digital electronic log
Drill Stem Tests (Attach Addit			Ye	es No		Lo	og Formatio	n (Top), Deptl	n and Datum	Sample
Samples Sent to	Geological Sur	vey	Ye	es 🗌 No		Name	)		Тор	Datum
Cores Taken Electric Log Run Geologist Repor List All E. Logs F	t / Mud Logs		Y€  Y€	es No						
			Repo		RECORD [	Nev	w Used rmediate, producti	on. 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	OF MENTING /					
Purpose:	[	Depth	Typo	of Cement	# Sacks Use		EEZE RECORD	Typo a	ad Paraant Additivas	
Perforate Top Bottom Protect Casing Plug Back TD			туре	or cement	# Sacks Oseu		Type and Percent Additives			
Plug Off Z										
Did you perform     Does the volum     Was the hydraul	e of the total base	fluid of the hyd	draulic fra	cturing treatmen		•	Yes ns? Yes	No (If No	, skip questions 2 an , skip question 3) , fill out Page Three o	,
Date of first Produ	ction/Injection or	Resumed Produ	uction/	Producing Meth			Coolift 0	thor (Fundain)		
Estimated Production Oil Bbl					Pumping  Mcf	ng Gas Lift Other (Explain  Water Bbls.		ther (Explain)	Gas-Oil Ratio	Gravity
Per 24 Hours		Oli Bb	15.	Gas	IVICI	vvale	ı Di	JIS.	Gas-Oil Hallo	Gravity
DISPOSITION OF GAS: METHOD OF COMPLETION:							PRODUCTIO	N INTERVAL:		
☐ Vented ☐ Sold ☐ Used on Lease			Open Hole Perf.			Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)		-	Тор	Bottom
(If vente	ed, Submit ACO-18	.)			(5	SUDITIIL I	ACO-5) (SUDI	mit ACO-4)		
Shots Per Foot	Perforation Top	Perforation Bottom	on	Bridge Plug Type	Bridge Plug Set At		Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)			Record
TUBING RECOR	D: Size:		Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	BEREXCO LLC
Well Name	CLARK A 4
Doc ID	1423953

## 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	295	Common	200	2% gel 3%CC
Production	7.875	5.5	15.5	4845	SMD		500g mud flush w/ add.