

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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WF CCS Tony

TREATMENT REPORT

Customer: BREFECO LLC Lease No. [Redacted] Date: 11-14-2019
 Lease: HINES UNIT Well # 111126
 Field Order #: 18426 Station: PRATT, KS. Casing: 8 5/8" TD Depth: 270' County: RUSSELL State: KS.
 Type Job: 8 5/8" S.P. Formation: Legal Description: 16-15-15W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft	220 SKS		Acid: CLASS A CMT	RATE	PRESS	ISIP
207.81'	207.81'	From	To	Pre Pad	@ 1.38 CU FT	Max		5 Min.
17.4 BBL		From	To	Pad		Min		10 Min.
500		From	To	Frac		Avg		15 Min.
S.V.		From	To			HHP Used		Annulus Pressure
247.81'		From	To	Flush	16 BBL	Gas Volume		Total Load

Customer Representative: JONATHAN HAWKINS Station Manager: J. WESTERMAN Treater: K. LESLEY

Service Units	96817	77686	81679	19959	198102					
Driver Names	LESLEY	McGRAL		DARIAN (R.H.)						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
5:30PM					ON LOCATION - SAFETY MEETING
7:50PM					RUN 60 FTs - 8 5/8" x 20"
9:00PM					CSG ON BOTTOM
9:05PM					HOOK UP TO CSG / BREAK CIRC. W/ RIG
9:10PM	100		5	6	H2O AHEAD
9:11PM	100		54	6	MIX 220 SKS @ 14.8 DPG
9:20PM	50		0	5	START DISPLACEMENT
9:25PM	100		10	4	SLOW RATE
9:30PM	100		16	3	CMT @ DESIRED DEPTH
					CIRC. THRU W/B
					CIRC. 100 SKS TO PIT = 15 BBL
					JOB COMPLETE;
					THANKS -
					KEVIN LESLEY

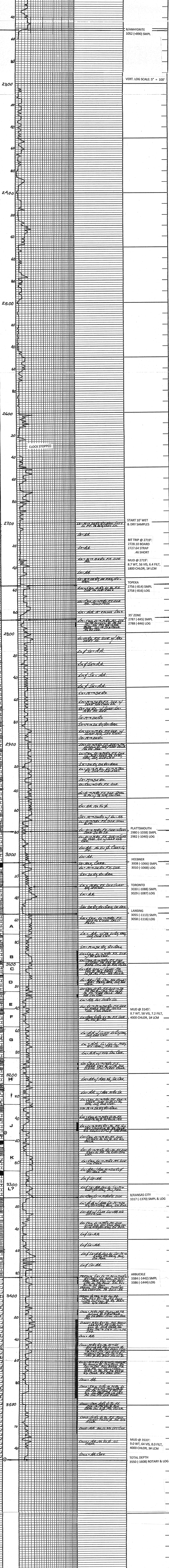
GEOLOGIST'S REPORT
 DRILLING TIME and SAMPLE LOG

COMPANY: BEREKCO LLC	ELEVATIONS	K.B. 1942
LEASE: HINES UNIT #26X	FIELD: FAIRPORT	D.F. 1938
LOCATION: NE-NW-NW-NW	SEC. 16	TWP. 11
COUNTY: RUSSELL	STATE: KANSAS	RNG. 15W
CONTRACTOR: BERED CO	COIN. 1/200/18	PRODUCTION: 5 1/2" @ 350'
SPUD: 11/14/19	L.I.D. 3580	ELECTRICAL SURVEYS
REED: 3/25/20	TYPE: MUD CHEMICAL	S.I.P.: COMB. NEILSONS, BIL.
MUD UR: 2800	AP No. 15-161-24097	
SAMPLES SAVED FROM: 2700	TO: RTD	
SAMPLING TIME KEPT FROM: 2300	TO: RTD	
SAMPLES EXAMINED FROM: 2700	TO: RTD	
GEOLOGICAL SUPERVISION FROM: 2375	TO: RTD	
GEOLOGIST ON WELL: JERRY A. SMITH		

FORMATION TOPS	LOG	SAMPLES
ANHYDRITE		1015 (+827)
BLAUNDRITE		1052 (+890)
TOPEKA	2758 (+816)	2756 (+814)
35' ZONE	2788 (+846)	2787 (+845)
PLATTSMOUTH	2892 (+1040)	2880 (+1028)
HEEBNER	3020 (+1068)	3020 (+1068)
TORONTO	3020 (+1068)	3030 (+1088)
LANSING	3058 (+1116)	3058 (+1116)
BIANKANS CITY	3317 (+1370)	3055 (+1113)
ARBUCKLE	3386 (+1444)	3384 (+1442)

LEGEND

	Anhydrite		Salt		Sandstone		Shale		Carb. sh		Limestone		Ool. Lime		Chart		Dolomite
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COMPANY: BEREKCO LLC	ELEVATION: 1942 KB
LEASE: HINES UNIT #26X	
LOCATION: NE-NW-NW-NW	SEC 16 TWP 11 RGE 15W
COUNTY: RUSSELL	STATE: KS

Stage #1

TREATMENT REPORT

Customer Berexco LLC	Lease No.	Date 11/21/2019
Lease Hines Unit	Well # 26x	
Field Order # 18502	Station Pratt, KS	Casing 5 1/2
		Depth 3554
Type Job 242/5 1/2" 2 stage long string	Formation TD-3550	Legal Description 16-11s-15w
		County Russell
		State KS

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size 5 1/2	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
Depth 3554	Depth	From	To	Pre Pad	Max		5 Min.
Volume 86.7	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 3410	Packer Depth	From	To	Flush W9100, mud	Gas Volume		Total Load

Customer Representative	Station Manager Justin Westerman	Treater Darin Franklin
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Service Units	92911	78982	19843	19903	19862	73156	73768			
Driver Names	Darin	Brent	Brent	Clsience	Clsience	Darin	Darin			

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:00pm					On location / safety meeting
					1255k 12-50v 1.7e, 2.7e, 1/4H
					Cellofloc - 13pps, 1.73 veils, 9.08 water
					220 slk 102 Premium Cement, 10% 591+, 5% Gypsol, 3pps Gilsonite, 5pps defoamer, 1/4# Fluid loss
					15.0 pps, 1.40 veils, 6.04 water
7:00pm	300		5	5	Pump 5 bbls water
	300		39	5	mix 125 slk lead cement
	300		55	5	mix 220 slk + 9.1 cement
					Shut down
					Wash pump & lines @ Drop Plus
	200		0	5	Start Displacement
	400		50	5	Lift Pressure
	800		75	3	Slow Rate
7:45pm	1200		84	3	Bump Plug
					Float - Held
					Drop DV opening Tool
	800		1/4	1/4	Open DV Tool
8:00pm					Circulate with R's

BASIC

energy services, L.P.

St 95e #2

TREATMENT REPORT

Customer Berexco LLC	Lease No.	Date 11/21/2019	
Lease Hines Unit	Well # 26x		
Field Order # 18502	Station P19+1, 1K5	Casing	Depth
Type Job 242/5 1/2" 25195c Longstring	Formation	County Russell	State KS
		Legal Description 16-115-15w	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
5 1/2								
Depth 1040	Depth	From	To	Pre Pad	Max		5 Min.	
Volume 25	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 W9aer	Gas Volume		Total Load	

Customer Representative					Station Manager					Treater				
Service Units	97911	78982	19843	70959	19860									
Driver Names	Darin	Brett	Brett	Diaz	Diaz									

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
					300 SIC P Serv Lite, 296 Gal
					1/4# Cello Piske - 13ppg, 173 gal, 9.08 wsc
10:30am	300		5	6	Pump 5 bbls water
	300		93	6	mix 300sic cement
					Shut down
					Wash pump & lines
					Diop plug
	200		0	4	Start Displacement
	300		10	4	Lift Pressure
	400		15	3	Slow Rate
11:00am	2,000		26	3	Bump Plug
					Flow - Hold
			7	3	Plug Rate hole - 30sk
					Circulate - 7 bbls Cement
					Job complete / Darin & crew
					Thank you!!!