

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) (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	COUTURE 1
Doc ID	1691061

Perforations

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugType	BridgePlugSet At	Material Record
4	3796	3807			750 gal 15% NEFE
4	3709	3713			1000 gal 15% NEFE, 1500 gal 20% CRA NEFE
4	3674	3677			1000 gal 15% NEFE
4	3650	3654			
4	3595	3598			750 gal 15% NEFE
4	3559	3564			1000 gal 15% NEFE

FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 0768
 LOCATION Victoria
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
	34318	Courtois V	9	10	20	Rooks

CUSTOMER Beraco LLL
 MAILING ADDRESS 2020 N Bramblewood
 CITY Wichita STATE KS ZIP CODE 67202

TRUCK #	DRIVER	TRUCK #	DRIVER
102	Tom W		
201	Jack T		

JOB TYPE Surface HOLE SIZE _____ HOLE DEPTH 252' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 253' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & set up at southwind. Circulate made.
Mix so surface blend & displaced with 15 Bbl shot in 12:30am
Cement did circulate

Thanks Tom & Jack

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC002	1	PUMP CHARGE <u>Surface</u>	\$1150 ⁰⁰	\$1150 ⁰⁰
MO01	4.5	MILEAGE	\$65 ⁰⁰	\$292 ⁵⁰
MO02	9.8 hours	Ton Mileage Delivery	\$661 ⁵⁰	\$661 ⁵⁰
CR004	200 sy	Class A 3/4" 29 gal	\$24 ⁵⁰	\$4900 ⁰⁰
			sub total	\$7004 ⁰⁰
			less 5% disc.	\$350 ²⁰
			sub total	\$6653 ⁸⁰
			SALES TAX	325.85
			ESTIMATED TOTAL	6979.65

AUTHORIZATION Way Robert TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

FRANKS Oilfield Service

COURTESY 1
WY

♦ 815 Main Street Victoria, KS 67671 ♦ 24 Hour Phone (785) 639-7269
♦ Office Phone (785) 639-3949 ♦ Email: franksoilfield@yahoo.com

TICKET NUMBER 0773
LOCATION Victoria
FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-02-22	34318	Courtney #1	9	10	20	Rooks

CUSTOMER: BORENCO LLC

MAILING ADDRESS: 2020 N. Bramblewood

CITY: Wichita STATE: KS ZIP CODE: 67206

TRUCK #	DRIVER	TRUCK #	DRIVER
102	Passion D		
41501	Chris M		
	Tom W		
	Jack T		

JOB TYPE: Part collar HOLE SIZE: _____ HOLE DEPTH: _____ CASING SIZE & WEIGHT: 5 1/2"

CASING DEPTH: _____ DRILL PIPE: _____ TUBING: _____ OTHER: _____

SLURRY WEIGHT: _____ SLURRY VOL: _____ WATER gal/sk: _____ CEMENT LEFT in CASING: _____

DISPLACEMENT: _____ DISPLACEMENT PSI: _____ MIX PSI: _____ RATE: _____

REMARKS: Safety meeting & set up in southwind. Ran Frack equipment. Hooked up pump & mud. Sold to circulate. 1 hr. Mit 165 sy. Light followed by 175 sy. Wash up. Display plug. 93 3/4" Bbbs. Last plug 130 gal.

30 sy BH 310 sy down hole

Franks Tom & Co. W

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC003	1	PUMP CHARGE <u>Part collar</u>		
M001	45	MILEAGE		
M002	17.32 tons	Ton Mileage Delivery		
	165 sy	69/35 890 1/4" Floagel		
	175 sy	Class A 10% salt 22 gal 5# kdsol		
FE033	1	5 1/2" ASU Guide shoe		
FE031	1	5 1/2" Latch Main Plug Assy		
FE014	17	5 1/2" Turbulator		
FE022	2	5 1/2" Basket		
FE102	3	5 1/2" stop rings		
FE081	1	5 1/2" Part collar		
			SALES TAX	
			ESTIMATED TOTAL	

AUTHORIZATION _____ TITLE _____ DATE _____

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LITHOLOGY STRIP LOG

WellSight Systems

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

Well Name: COUTURE #1
Location: E2/ SESWSW SECTION 9 ROOKS COUNTY, KANSAS
Licence Number: 15-163-24467
Spud Date: 10-27-2022
Surface Coordinates: 330' FSL & 1090' FWL
Region: MID-CONTINENT
Drilling Completed: 11-2-2022

Bottom Hole
Coordinates:
Ground Elevation (ft): 2237
Logged Interval (ft): 3100 To: 3900
Formation: LKC & ARBUCKLE
Type of Drilling Fluid: GEL CHEMICAL
K.B. Elevation (ft): 2247
Total Depth (ft): 3900

Printed by MUD.LOG from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR

Company: BEREXCO, LLC.
Address: 2020 N. Bramblewood
Wichita, Kansas 67206

GEOLOGIST

Name: William B. Bynog
Company:
Address: P.O.Box 687
Pinecliffe, Co. 80471

Tops

FORMATION TOPS
Tops on log

DSTs

NONE

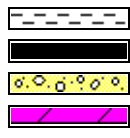
Remarks

RAN PRODUCTION CASING

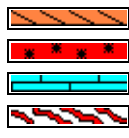
ROCK TYPES



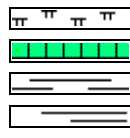
Anhy
Bent
Brec
Cht



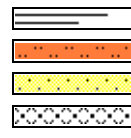
Clyst
Coal
Congl
Dol



Gyp
Igne
Lmst
Meta



Mrlst
Salt
Shale
Shcol



Shgy
Sltst
Ss
Till

ACCESSORIES

MINERAL

- Anhy
- Arggrn
- Arg
- Bent
- Bit
- Breclfrag
- Calc
- Carb
- Chtdk
- Chtlt
- Dol
- Feldspar
- Ferrpel
- Ferr
- Glau

- Gyp
- Hvymin
- Kaol
- Marl
- Minxl
- Nodule
- Phos
- Pyr
- Salt
- Sandy
- Silt
- Sil
- Sulphur
- Tuff

FOSSIL

- Algae
- Amph
- Belm
- Bioclst
- Brach
- Bryozoa
- Cephal
- Coral
- Crin
- Echin
- Fish
- Foram
- Fossil
- Gastro
- Oolite

- Ostra
- Pelec
- Pellet
- Pisolite
- Plant
- Strom

STRINGER

- Anhy
- Arg
- Bent
- Coal
- Dol
- Gyp
- Ls
- Mrst

- Sltstrg
- Ssstrg

TEXTURE

- Boundst
- Chalky
- Cryxln
- Earthy
- Finexln
- Grainst
- Lithogr
- Microxln
- Mudst
- Packst
- Wackest

OTHER SYMBOLS

POROSITY

- Earthy
- Fenest
- Fracture
- Inter
- Moldic
- Organic
- Pinpoint

- Vuggy

SORTING

- Well
- Moderate
- Poor

ROUNDING

- Rounded
- Subrnd
- Subang
- Angular

- Spotted
- Ques
- Dead

EVENT

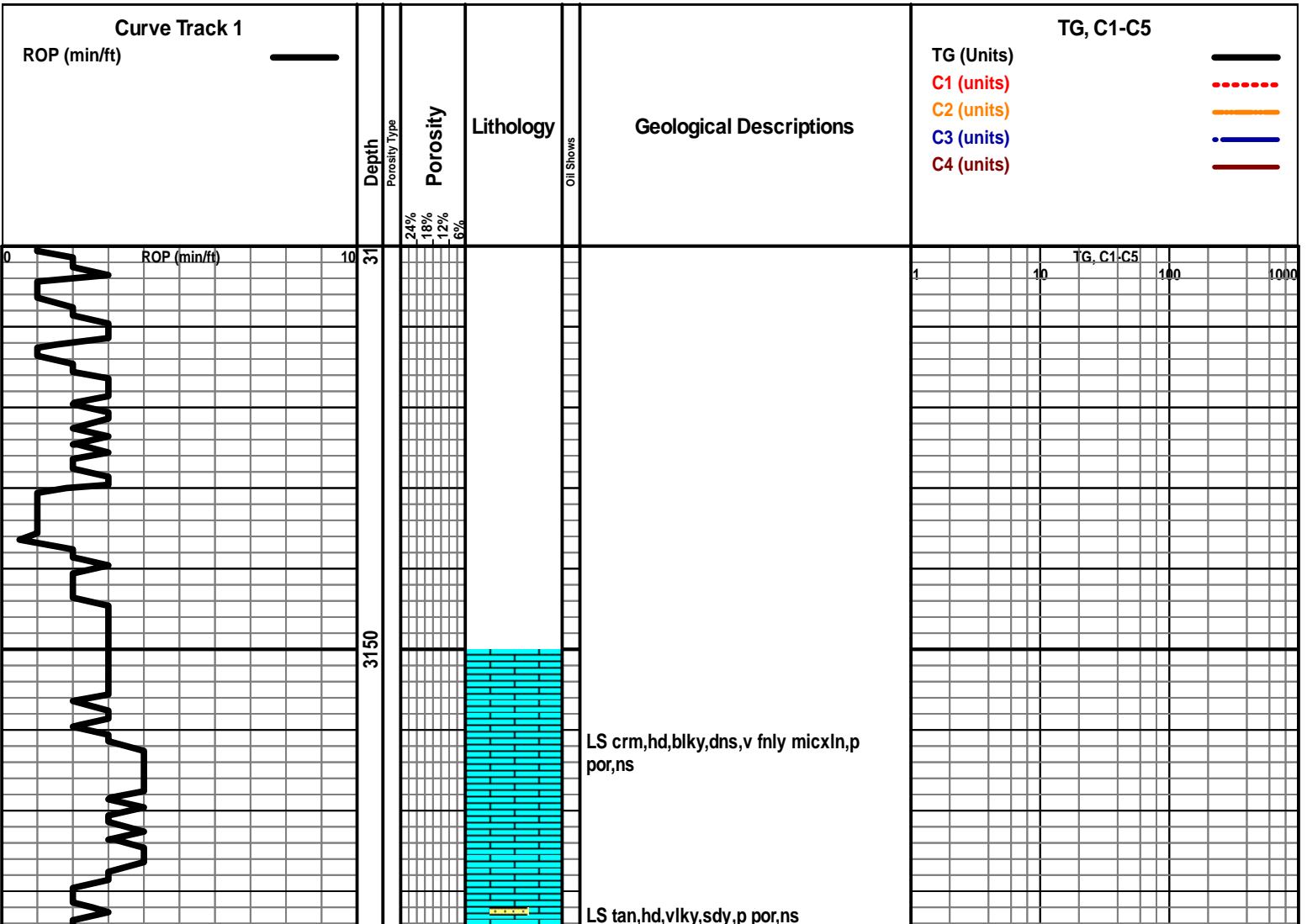
- Rft
- Sidewall

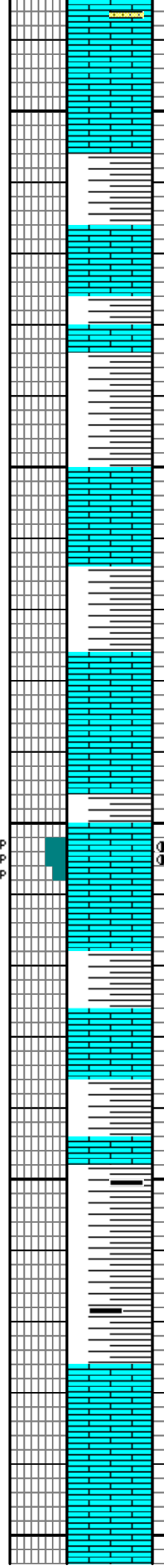
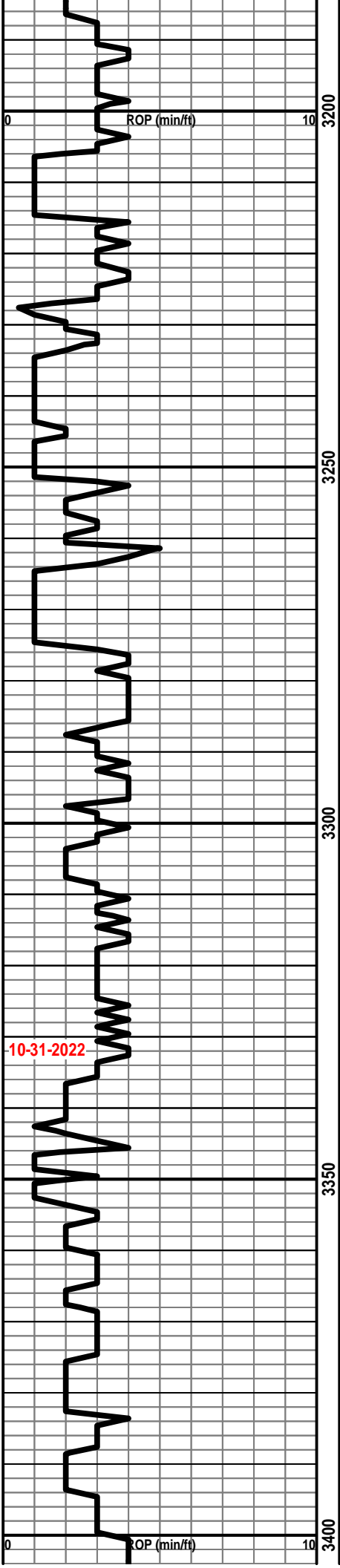
INTERVAL

- Dst
- Dst mis-run

OIL SHOW

- Even





LS aa crm,v hd,dns,blky

SH gy,gn,frm,arg

LS crm,hd,sl foss,p vis por,ns with thin SH aa

SH gy,gn,frm,arg

LS crm,hd,blky,dns,ns

SH aa

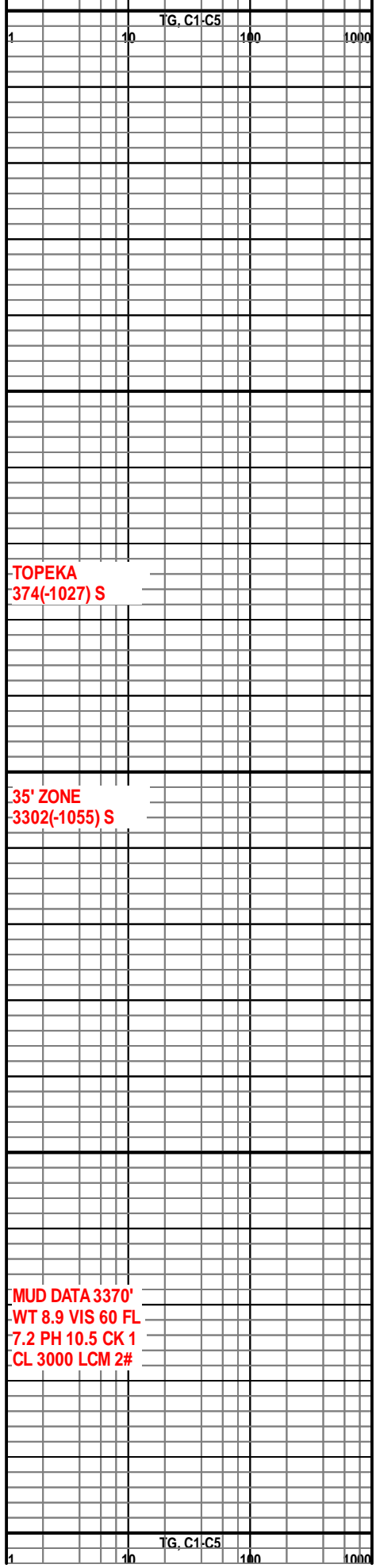
crm-tan,v hd,dns,blky,v fnly xln,p por,ns

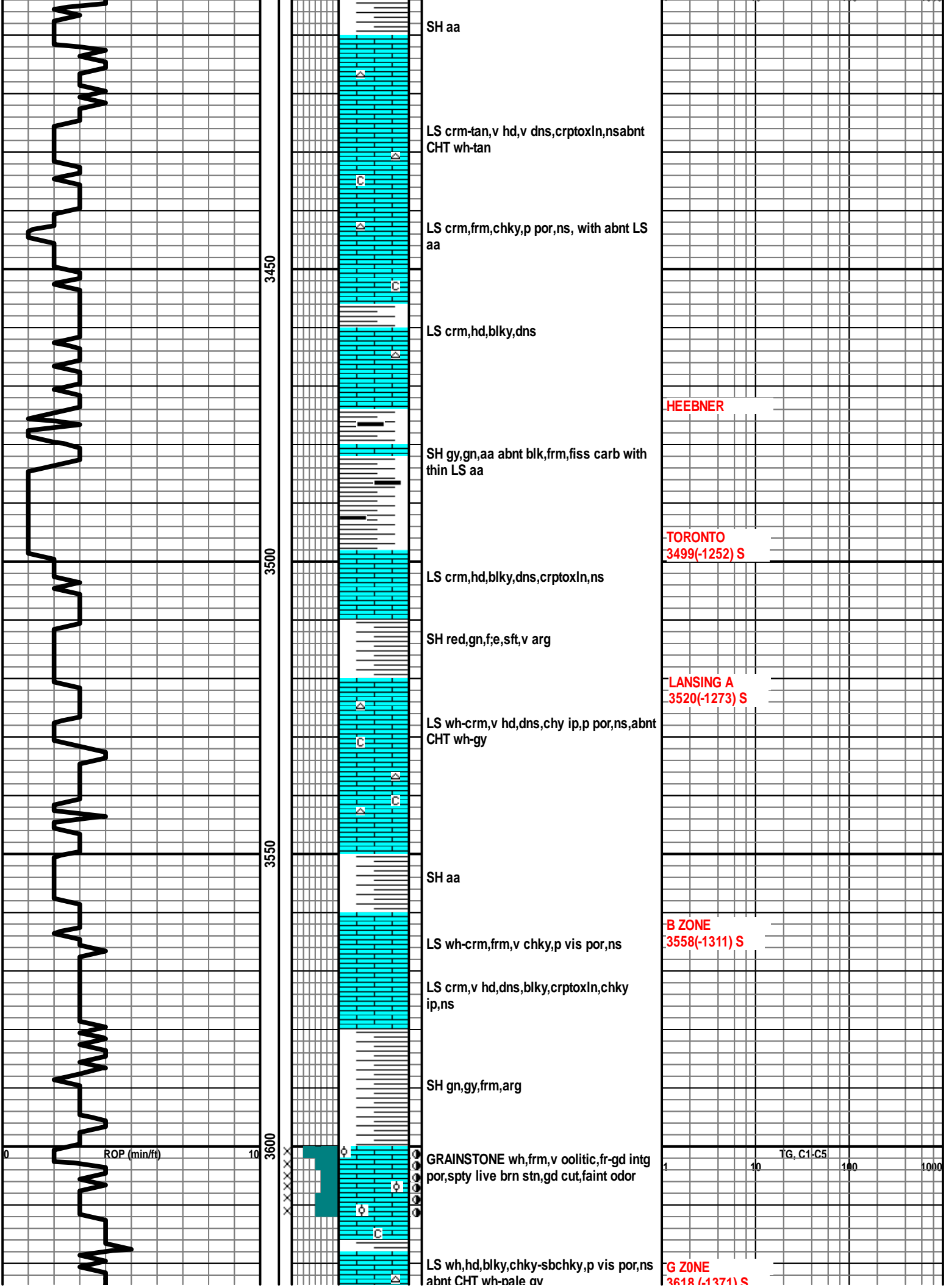
LS wh-crm,frm,sbchky,some p pp vuggy por,v spty brn live stn,gd cut

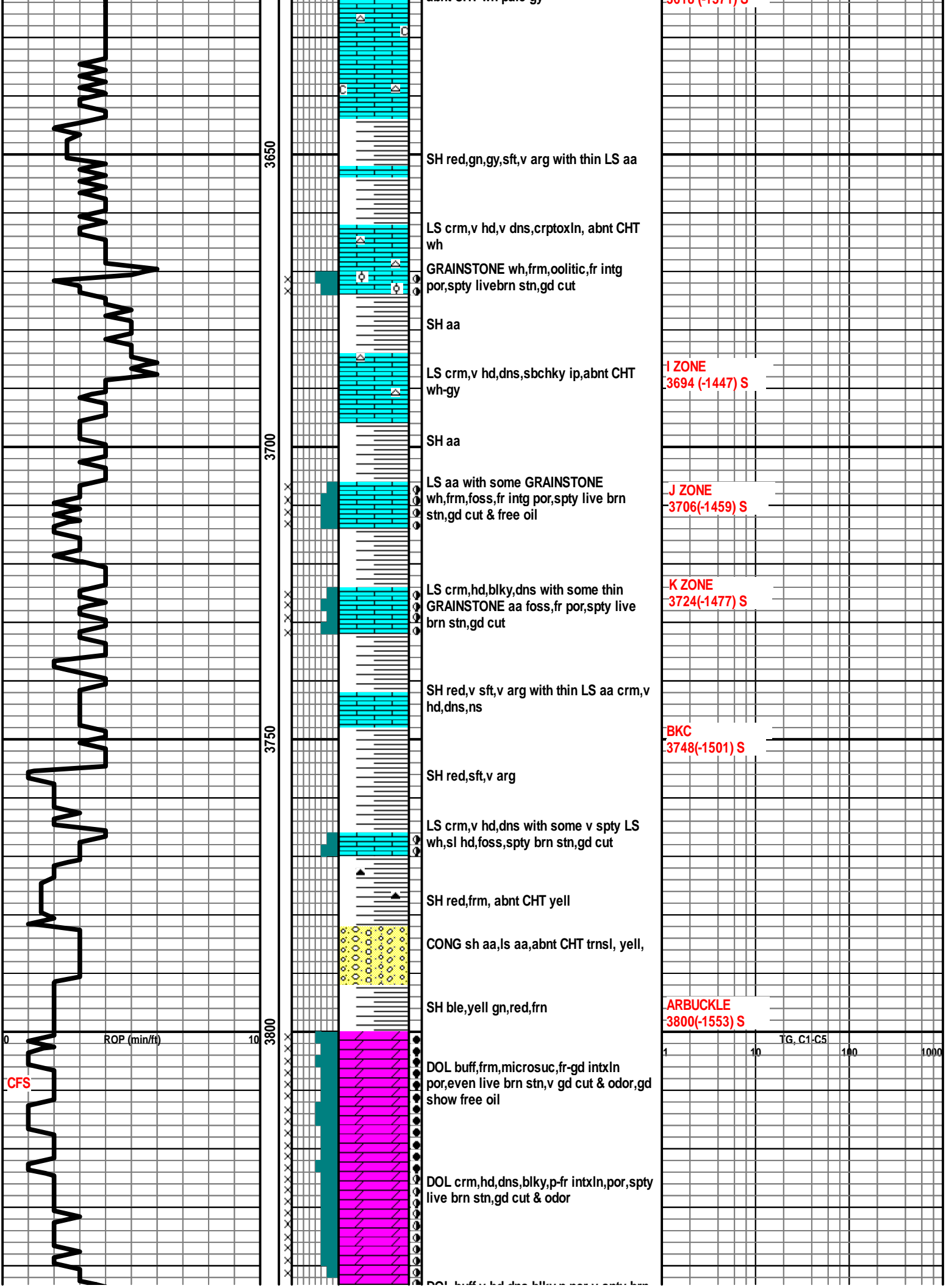
LS crm,hd,dns,crpxln,ns with thin SH aa

SH gn,gy,sft,arg,carb ip

LS crm,v hd,dns,foss, crpxln,no vis por,ns







I ZONE
3694 (-1447) S

J ZONE
3706(-1459) S

K ZONE
3724(-1477) S

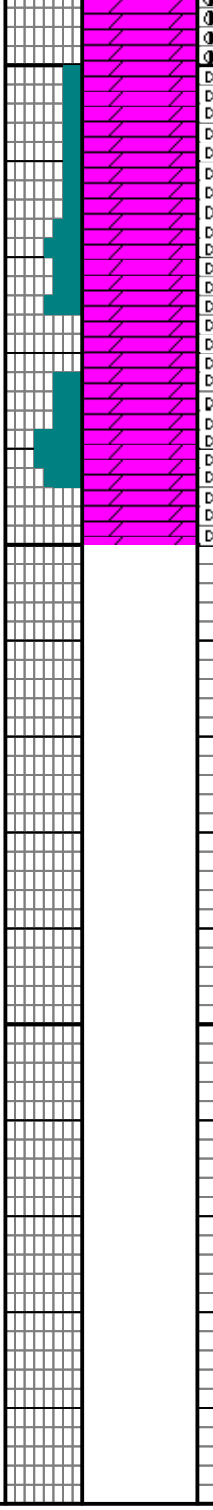
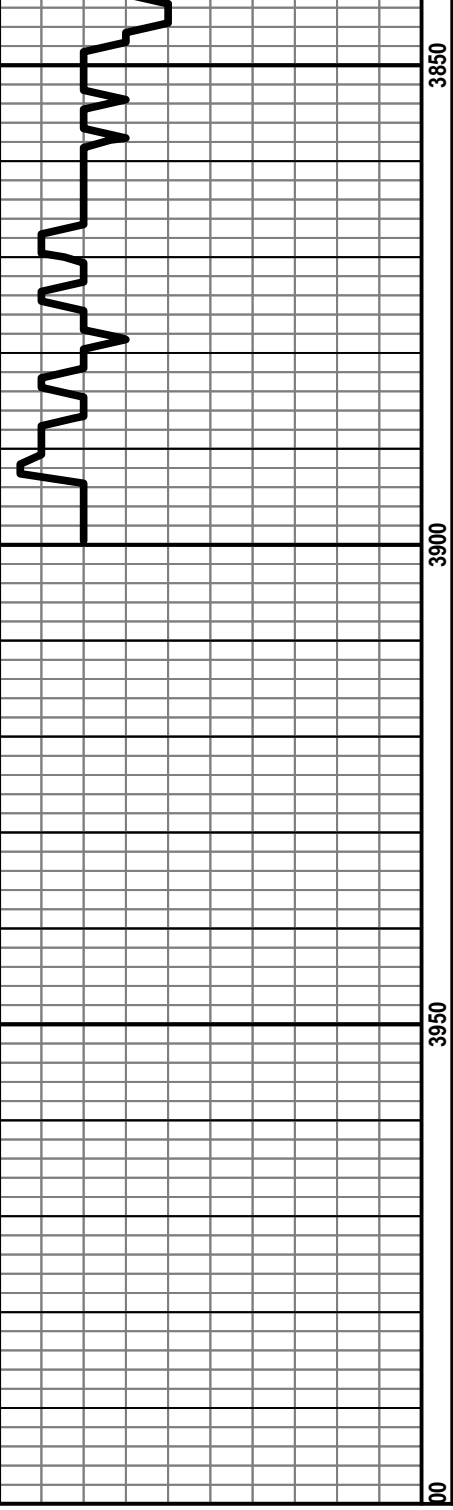
BKC
3748(-1501) S

ARBUCKLE
3800(-1553) S

CFS

ROP (min/ft)

TG, C1-C5



DOL buff,v nd,dns,blky,p por,v spty brn
stn,fr cut

DOL buff,hd,microIn,p-fr intxIn por,spty
blk dd stn,fr cut,faint odor

DOL buff,frm,microsuc,fr-gd xIn por,v
spty blk dd stn,fr cut

DOL aa por por,v spty blk dd stn

MUD DATA 3900'
WT 9.3 VIS 60 FL
8.8 PH 10 CK 1
CL 3000 LCM 4#

RTD 3900'

FRANKS Oilfield Service

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 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

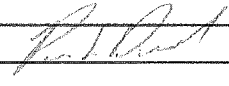
TICKET NUMBER 0866
 LOCATION Howie, KS
 FOREMAN Bredon

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY												
2-14-23		Contrace																
CUSTOMER <u>Bredon</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>10.3</td> <td>Tom W</td> <td></td> <td></td> </tr> <tr> <td>301</td> <td>Jack T</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	10.3	Tom W			301	Jack T		
TRUCK #	DRIVER	TRUCK #	DRIVER															
10.3	Tom W																	
301	Jack T																	
MAILING ADDRESS																		
CITY	STATE	ZIP CODE																

JOB TYPE Top stage HOLE SIZE 5 1/2" HOLE DEPTH 14123' CASING SIZE & WEIGHT 5 1/2" 14⁵
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up on Scott's well service. Load hole + pump 37 cbls cement.
 Pump 10 cbls down 5 1/2" mix 315 sacks US/35 8% gel 1/4" flo seal. Wash up lines.
 Displace super plug w/ 33 1/2 cbls. Shut in w/ 500' on casing.
 cement did circulate

Thank you!


ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
P0003	1	PUMP CHARGE	\$1150.00	\$1150.00
M001	58	MILEAGE	\$6.50	\$377.00
M002	14 tons	Top Mileage Delivery	\$1218.00	\$1218.00
C0021	315 sacks	US/35 8% gel 1/4" flo seal	\$17.95	\$5654.25
C0003	1	Hard + man. load	\$200.00	\$200.00
26050	1	5 1/2" Top Rubber plug	\$225.00	\$225.00
			sub total	\$8864.25
			less 5% disc.	\$443.21
			sub total	\$8421.04
			SALES TAX	406.93
			ESTIMATED TOTAL	8827.97

AUTHORIZATION  TITLE _____ DATE _____

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