KOLAR Document ID: 1733624

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 -		WELL &	IEASE
VV ĽLL		DESCRIP	WELL Q	LEASE

OPERATOR: License #			API No.:		
Name:			Spot Description:		
Address 1:			Sec	cTwpS. R	East West
Address 2:				Feet from Dorth / S	outh Line of Section
City: St	ate: Zi	p:+		Feet from East / V	Vest Line of Section
Contact Person:			Footages Calculated from	n Nearest Outside Section Co	rner:
Phone: ()				IW 🗌 SE 🗌 SW	
CONTRACTOR: License #			GPS Location: Lat:	, Long:	
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27		
Purchaser:			County:		
Designate Type of Completion:			Lease Name:	Wel	l #:
New Well Re-	-Entry	Workover	Field Name:		
	_		Producing Formation:		
			Elevation: Ground:	Kelly Bushing: _	
☐ Gas ☐ DH ☐ OG	└ EOR		Total Vertical Depth:	Plug Back Total De	pth:
CM (Coal Bed Methane)	G3W		Amount of Surface Pipe	Set and Cemented at:	Feet
Cathodic Other (Core	e, Expl., etc.);			g Collar Used? Yes I	
If Workover/Re-entry: Old Well Inf			If yes, show depth set:		Feet
Operator:				, cement circulated from:	
Well Name:					
Original Comp. Date:					
Deepening Re-perf.	0		Drilling Eluid Monogom	ent Blan	
Plug Back		SW Conv. to Producer	(Data must be collected from		
			Chloride content:	ppm Fluid volume:	bble
Commingled	Permit #:				
Dual Completion	Permit #:		Dewatering method used	l:	
SWD	Permit #:		Location of fluid disposal	if hauled offsite:	
EOR			Operator Name:		
GSW	Permit #:			License #:	
				TwpS. R	
	ached TD	Completion Date or		Nwp3: N	
Recompletion Date		Recompletion Date			

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:				

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Operator Name:	Lease Name: Well #:
Sec TwpS. R East 🗌 West	County:

Page Two

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 Yes No (Attach Additional Sheets)			Log Formation (Top), Depth			and Datum	Sample		
Samples Sent to Geolog	*		és 🗌 No	Ν	lame	e		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:			ies No ies No ies No						
		Repo	CASING I] Ne	w Used rmediate, productio	on, etc.		
Purpose of String	Size Hole Drilled		ze Casing tt (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose: Depth Perforate		Туре	e of Cement	# Sacks Used		Type and Percent Additives			
Protect Casing Plug Back TD Plug Off Zone									
 Did you perform a hydra Does the volume of the is Was the hydraulic fractu Date of first Production/Inj 	total base fluid of the h ring treatment informa	nydraulic fra tion submit	acturing treatment	al disclosure regis	-	Yes Yes Yes Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three	
Injection:			Flowing	Pumping		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Oil Bbls. Ga Per 24 Hours		Gas	Mcf	Wate	er Bb	ls.	Gas-Oil Ratio	Gravity	
DISPOSITION OF GAS: METHOD OF			ETHOD OF COM	IPLE	TION:			ON INTERVAL:	
Vented Sold Used on Lease Open Hole Perf. (If vented, Submit ACO-18.)			-		mingled	Тор	Bottom		
Shots Per Perforation Perforation Bridge Plug Bridge Plug Foot Top Bottom Type Set At		Bridge Plug Set At		Acid,		ementing Squeeze			
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	BEREXCO LLC
Well Name	COOLEY AB B-15
Doc ID	1733624

Casing

	Size Hole Drilled	Size Casing Set	 Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	260		180	
Production	7.825	5.5	3732		150	