KOLAR Document ID: 1811256

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   |
| Address 2:  | Feet from North / South Line of Section                  |
| 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 #:                                      |
|   | Field Name:  |
| New Well Re-Entry Workover  | Producing Formation:                                     |
| Oil SWD   | Elevation: Ground: Kelly Bushing:                        |
| Gas DH EOR  | Total Vertical Depth: Plug Back Total Depth:             |
| ☐ OG ☐ GSW  |  |
| CM (Coal Bed Methane)   | Amount of Surface Pipe Set and Cemented at: Feet         |
| Cathodic Other (Core, Expl., etc.):                               | Multiple Stage Cementing Collar Used? Yes No             |
| If Workover/Re-entry: Old Well Info as follows:                   | 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 ☐ Conv. to GSW ☐ Conv. to Producer            | (Data must be collected from the Reserve Pit)            |
|   | Chloride content:ppm Fluid volume:bbls                   |
| Commingled Permit #:  | Dewatering method used:                                  |
| Dual Completion Permit #:   | Donatoring motilog access                                |
| SWD Permit #:   | Location of fluid disposal if hauled offsite:            |
| EOR Permit #:   | Operator Name:   |
| GSW Permit #:   | Lease Name: License #:                                   |
|   | Quarter Sec TwpS. R East West                            |
| Spud Date or Date Reached TD Completion Date or 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:                     |  |  |  |  |

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#### Page Two

| Operator Name:  |                     |                       |                              | Lease Name:           |   |   | Well #:   |  |  |
|---|---------------------|-----------------------|------------------------------|-----------------------|---|---|---|--|--|
| Sec Twp.  | S. R.               | Ea                    | st West                      | County:               |   |   |   |  |  |
|   | lowing and shu      | ıt-in pressures, w    | hether shut-in pre           | ssure reached st      | atic level, hydrosta                    | tic pressures, bot                      |   | val tested, time tool erature, fluid recovery, |  |
| Final Radioactivity files must be subm  |                     |                       |                              |                       |   | iled to kcc-well-lo                     | gs@kcc.ks.gov   | v. Digital electronic log                      |  |
| Drill Stem Tests Ta   |                     |                       | Yes No                       |                       |   | on (Top), Depth ar                      |   | Sample   |  |
| Samples Sent to G   | eological Surv      | ey                    | Yes No                       | Na                    | me                                      |   | Тор   | Datum  |  |
| Cores Taken<br>Electric Log Run<br>Geologist Report /<br>List All E. Logs Ru                | _                   |                       | Yes No Yes No Yes No         |                       |   |   |   |  |  |
|   |                     | Re                    |                              |                       | New Used                                | ion, etc.                               |   |  |  |
| Purpose of Strin  |                     | Hole                  | Size Casing<br>Set (In O.D.) | Weight<br>Lbs. / Ft.  | Setting<br>Depth                        | Type of<br>Cement                       | # Sacks<br>Used                                       | Type and Percent<br>Additives                  |  |
|   |                     |                       |                              |                       |   |   |   |  |  |
|   |                     |                       |                              |                       |   |   |   |  |  |
|   |                     |                       | ADDITIONAL                   | CEMENTING / SO        | QUEEZE RECORD                           | l                                       |   |  |  |
| Purpose:  |                     | epth Ty<br>Bottom     | pe of Cement                 | # Sacks Used          | # Sacks Used Type and Percent Additives |   |   |  |  |
| Protect Casii   |                     |                       |                              |                       |   |   |   |  |  |
| Plug Off Zon  |                     |                       |                              |                       |   |   |   |  |  |
| <ol> <li>Did you perform a</li> <li>Does the volume o</li> <li>Was the hydraulic</li> </ol> | of the total base f | luid of the hydraulic | fracturing treatment         | _                     | _                                       | No (If No, sk                           | ip questions 2 an<br>ip question 3)<br>out Page Three | ,  |  |
| Date of first Producti<br>Injection:  | on/Injection or Re  | esumed Production     | / Producing Meth             | nod:                  | Gas Lift 0                              | Other <i>(Explain)</i>                  |   |  |  |
| Estimated Production Oil Bbls. Per 24 Hours   |                     |                       |                              |                       |   | Gas-Oil Ratio                           | Gravity   |  |  |
| DISPOSITION OF GAS: METHOD OF COL   |                     |                       |                              |                       | LETION:                                 |   |   | ON INTERVAL:                                   |  |
|   | _                   | on Lease              | Open Hole                    |                       |   | mmingled mit ACO-4)                     | Тор   | Bottom   |  |
| ,   | Submit ACO-18.)     |                       |                              |                       |   |   |   |  |  |
| Shots Per<br>Foot   | Perforation<br>Top  | Perforation<br>Bottom | Bridge Plug<br>Type          | Bridge Plug<br>Set At | Acid,                                   | Fracture, Shot, Cer<br>(Amount and Kind | menting Squeeze<br>I of Material Used)                | Record   |  |
|   |                     |                       |                              |                       |   |   |   |  |  |
|   |                     |                       |                              |                       |   |   |   |  |  |
|   |                     |                       |                              |                       |   |   |   |  |  |
|   |                     |                       |                              |                       |   |   |   |  |  |
| TUBING RECORD:  | Size:               | Set /                 | At:                          | Packer At:            |   |   |   |  |  |
| . 5513   1200  10.  | 5120.               |                       | ···                          | . 30.0.71             |   |   |   |  |  |

| Form      | ACO1 - Well Completion |
|-----------|------------------------|
| Operator  | BEREXCO LLC            |
| Well Name | CONSUELLA UNIT 11U     |
| Doc ID    | 1811256                |

## Casing

| Purpose<br>Of String |       | Size<br>Casing<br>Set | Weight | Setting<br>Depth | Cement |     | Type and<br>Percent<br>Additives |
|----------------------|-------|-----------------------|--------|------------------|--------|-----|----------------------------------|
| Surface              | 12.25 | 8.625                 | 23     | 370              | Common | 225 | *                                |
| Production           | 7.875 | 5.5                   | 15.5   | 4374             | *      | 800 | *                                |
| Production           | 7.875 | 5.5                   | 15.5   | 2035             | *      | 450 | *                                |
|                      |       |                       |        |                  |        |     |                                  |