

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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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-1071
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 3263

Date	10-	Sec.	22	Twp.	15	Range	18	County	Ellis	State	KS	On Location		Finish	12:00 PM
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Location: 5-04 HAYS TO CHOTOLA Gold Rd. 4a

Lease	JOSEPH		Well No.	2	Owner	To Quality Oilwell Cementing, Inc.
Contractor	Southwind		You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Type Job	SURFACE		Charge To	BERKEY CO INC		
Hole Size	10 1/2	T.D.	267			
Csg.	3 1/2	Depth	267			
Tbg. Size		Depth				
Tool		Depth		The above was done to satisfaction and supervision of owner agent or contractor.		
Cement Left in Csg.	15	Shoe Joint		Cement Amount Ordered		
Meas Line		Displace	16			

EQUIPMENT			
Pumptrk	No.	Cementer Helper	Common
Bulktrk	No.	Driver	Poz. Mix
Bulktrk	No.	Driver	Gel.
Bulktrk	No.	Driver	Calcium

JOB SERVICES & REMARKS		
Remarks:		Hulls
Rat Hole		Salt
Mouse Hole		Flowseal
Centralizers		Kol-Seal
Baskets		Mud CLR 48
D/V or Port Collar		CFL-117 or CD110 CAF 38
		Sand
		Handling
		Mileage

FLOAT EQUIPMENT		
		Guide Shoe
		Centralizer
		Baskets
		AFU Inserts
		Float Shoe
		Latch Down
		Pumptrk Charge
		Mileage

X Signature [Signature]	Tax	
	Discount	
	Total Charge	

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-1071
Cell 785-324-1041

WF Home Office P.O. Box 32 Russell, KS 67665
Joseph #2

No. 8289

Date	Sec.	Twp.	Range	County	State	On Location	Finish
10-26-22	22	15	18	Ellis	Ks		

Location HAYS 856E

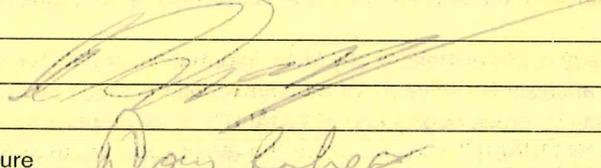
Lease	Well No.	Owner	
JOSEPH	2	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.	
Contractor	Type Job	Charge To	
SOUTH WIND	Long STRING	BEREXCO LLC	
Hole Size	T.D.	Street	
7 1/2	3700		
Csg.	Depth	City	
5 1/2	H	State	
Tbg. Size	Depth	The above was done to satisfaction and supervision of owner agent or contractor.	
Tool	Depth	Cement Amount Ordered 240 Com 10% Salt 5% Oil	
Cement Left in Csg.	Shoe Joint	240 Com 10% Salt 5% Oil	
63.8	63.8		
Meas Line	Displace	2 1/2 gal 150 day 65 Lite	
	86.3		

EQUIPMENT

Pumptrk	No.	Cementer	1311	Common
		Helper		
Bulktrk	No.	Driver	NICK	Poz. Mix
		Driver		
Bulktrk	No.	Driver	TIM ROSS	Gel.
		Driver		
				Calcium

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
1188 #59	Sand
pipe red e 3693	Handling
Shoe Jts 63.80	Mileage
Insert e 3689.2	
	FLOAT EQUIPMENT
Cent of 1200 Lite Flw 2400	Guide Shoe
Com 10% Salt 5% Oil 20% Gel	Centralizer -13
Pump plus w/ 8 3 bds	Baskets -2
Lead plug e 1200	AFU Inserts
Float did hold	Float Shoe -1
	Latch Down -1
	Port Collar -1
	Pumptrk Charge
	Mileage

X Signature  Day Kabea

Tax
Discount
Total Charge

LITHOLOGY STRIP LOG

WellSight Systems

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

Well Name: JOSEPH #2
Location: E/2 SENWNW SECTION 22 ELLIS COUNTY, KANSAS
Licence Number: 15-051-27060
Spud Date: 10-20-2022
Surface Coordinates: 815' FNL & 1265' FWL
Region: MID-CONTINENT
Drilling Completed: 10-25-2022

Bottom Hole
Coordinates:
Ground Elevation (ft): 2032
Logged Interval (ft): 2750 To: 3700
Formation: LKC & ARBUCKLE
Type of Drilling Fluid: GEL CHEMICAL
K.B. Elevation (ft): 2042
Total Depth (ft): 3700

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

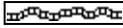
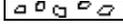
DSTs

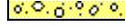
NO TESTS

Remarks

RAN PRODUCTION CASING

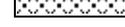
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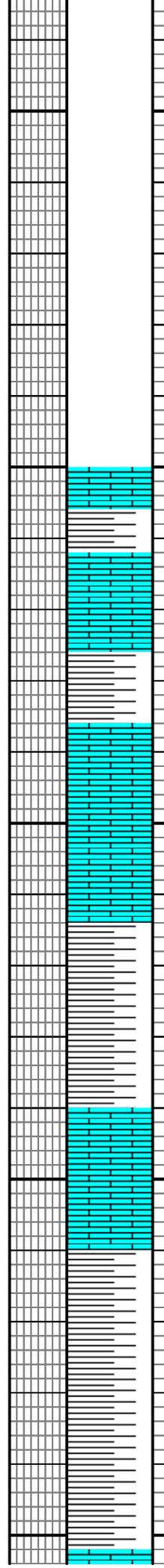
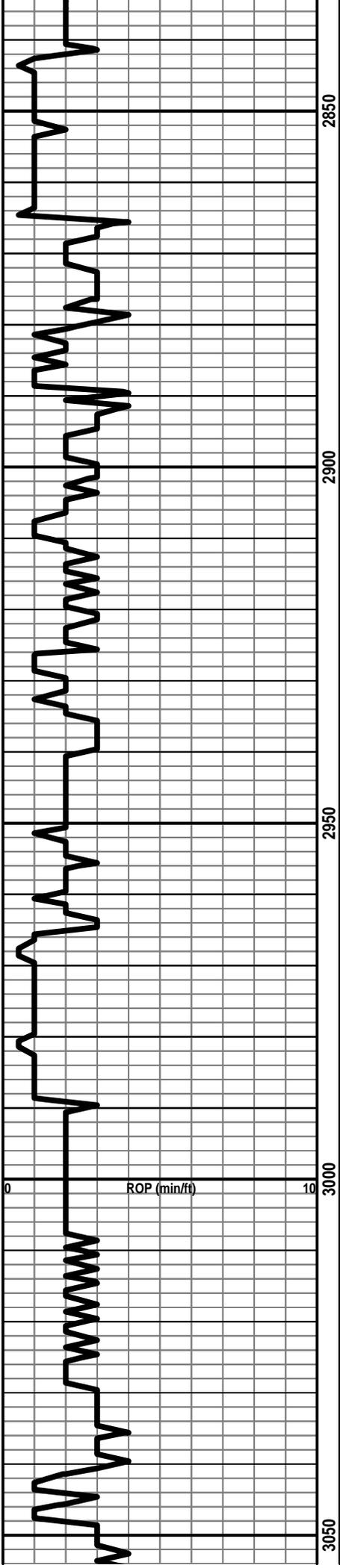
 Anhy
 Bent
 Brec
 Cht

 Cyst
 Coal
 Congl
 Dol

 Gyp
 Igne
 Lmst
 Meta

 Mrlst
 Salt
 Shale
 Shcol

 Shgy
 Sltst
 Ss
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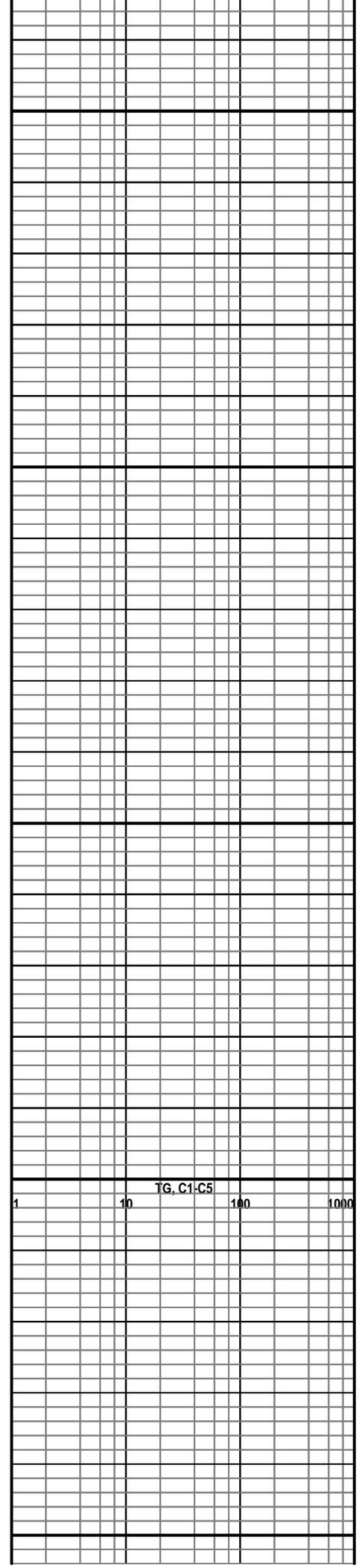
LS crm,hd,blky,dns,p por,ns with interbedded SH gy,gn gn,frm,arg

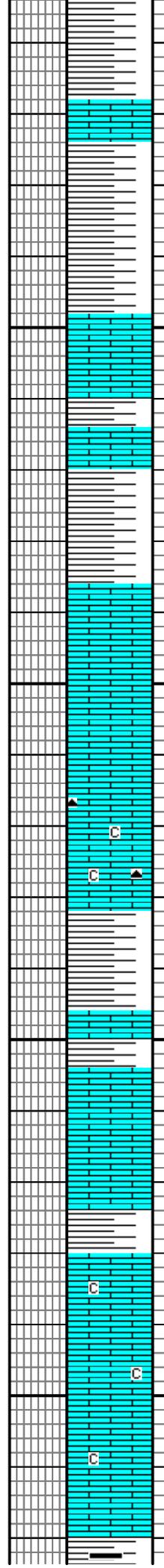
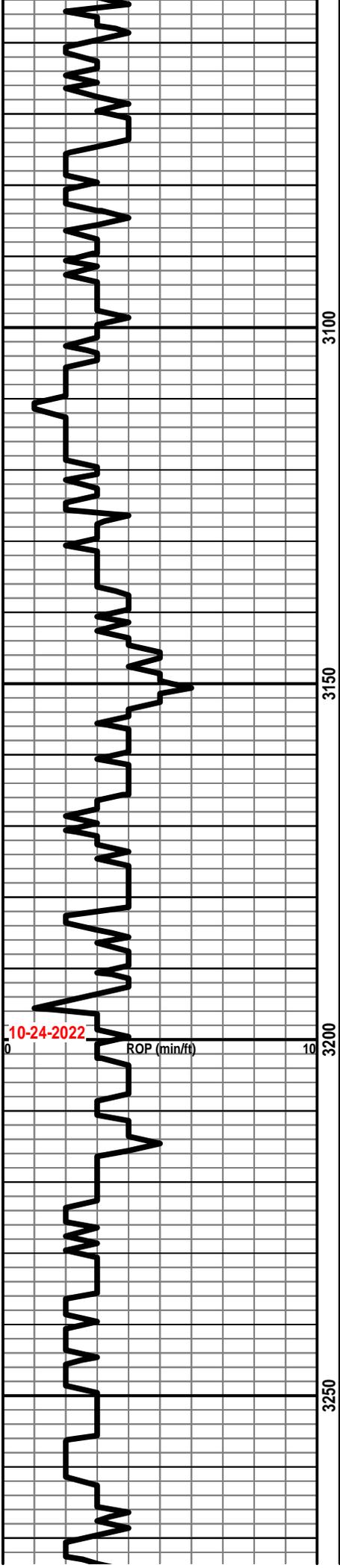
LS crm,gy,hd,p por,ns

SH aa

LS aa

SH aa with thin LS crm,frm,arg





LS crm,hd,blky,dns, sl arg,p por,ns within SH aa

LS crm,hd,dns,ns

LS crm,v hd,dns,blky,crptoxln,ns bcmg chky at base, some CHT gy

SH gy,gn,frm,arg some gy blk

LS crm,hd,blky,dns,p por,ns with thin SH aa

3230-LS crm,frm,arg,chky,p vis por,ns

LS aa dns,ns

TOPEKA
3136(-1090) S

TG, C1-C5
1 10 100 1000

MUD DATA 3223'
WT 8.8 VIS 62 FL
6.4 PH 10.5 CK 1
CL 8000 LCM 2#

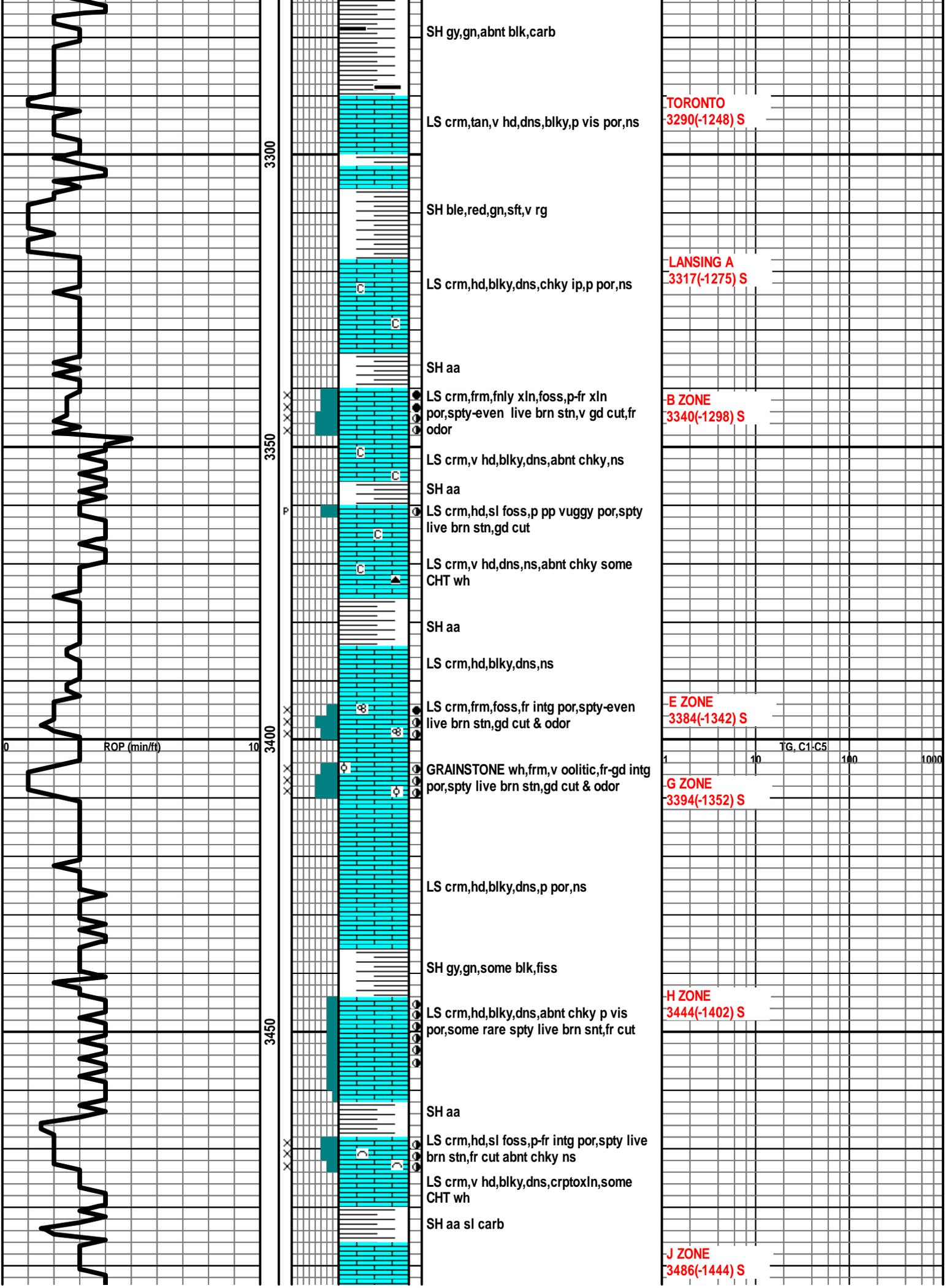
HEEBNER

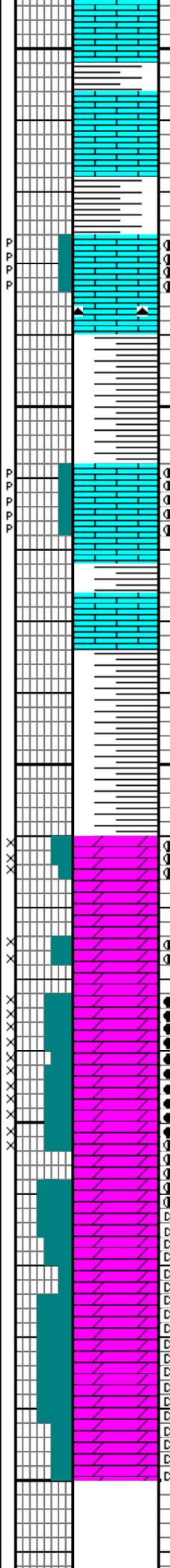
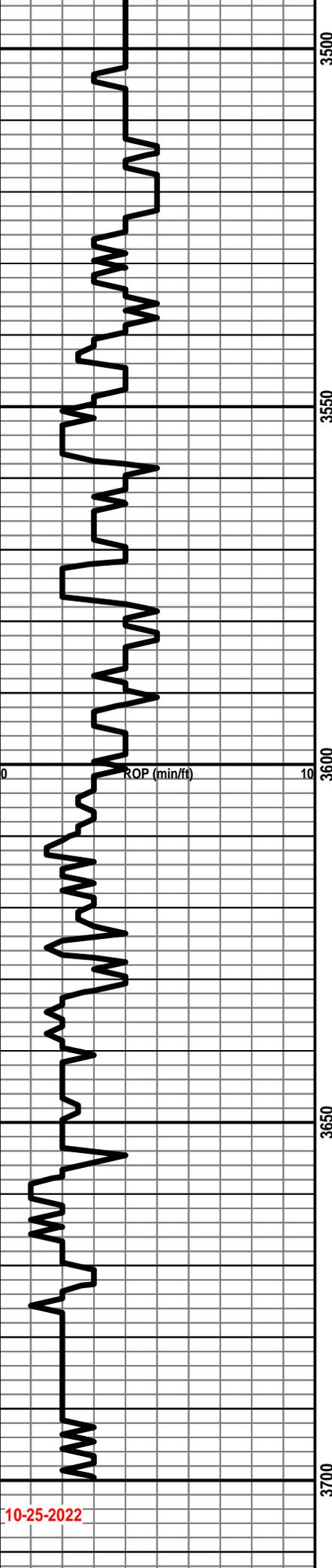
3100

3150

3200

3250





LS wh-crm,hd,dns,sbchky,p vis por,ns with thin SH aa

LS aa bcmg more chky,ns with SH aa

LS aa with trace p pp vuggy por,spty brn stn,fr cut & odor bcmg v dns at base, CHT tan

SH red,gn,sft,v arg

LS crm,hd,blky,dns,some rare pp vuggy por, spty live brn stn,fr cut

SH red,gn,sft,v argwith thin LS crm,hd,dns,ns

SH red,gn,frm,arg

LS / DOL crm,hd,dns-fnly xln,some fr intxln por,spty live brn stn,gd cut & odor

DOL buff,frm,microsuc,gd xln por,even live brn stn,v gd cut & odor,gd show free oil

DOL aa gd xln por,v spty live brn stn,gd cut & odor, no free oil

DOL aa gd xln por,spty dd tar stn,fr cut,fr odor,no free oil

BKC
3540(-1498) S

ARBUCKLE
3610(-1568) S

TG, C1-C5

1 10 100 1000

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-1071
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. **3295**

Date <u>11-21-22</u>	Sec. <u>27</u>	Twp. <u>15</u>	Range <u>18</u>	County <u>Ellis</u>	State <u>KS</u>	On Location	Finish
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Location HAYS & STE

Lease Jose PH Well No. 2 Owner _____

Contractor Western To Quality Oilwell Cementing, Inc.
Type Job P.C. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Hole Size _____ T.D. _____ Charge To BEREX CO LLC

Csg. 5 1/2 Depth _____ Street _____

Tbg. Size 2 1/2 Depth _____ City _____ State _____

Tool _____ Depth _____ The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. _____ Shoe Joint _____ Cement Amount Ordered 340.07 65/35 Lite

Meas Line _____ Displace 4th Flo Seal

EQUIPMENT

Pumptrk <u>17</u>	No.	Cementer	<u>BIV</u>	Common <u>2# 220</u>
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Bulktrk	No.	Helper	<u>NICK</u>	Poz. Mix <u>120</u>
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Bulktrk <u>29</u>	No.	Driver	<u>ROSS</u>	Gel. <u>18</u>
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Bulktrk	No.	Driver		Calcium
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JOB SERVICES & REMARKS

Remarks: _____ Hulls _____

Rat Hole _____ Salt _____

Mouse Hole _____ Flowseal 85#

Centralizers _____ Kol-Seal _____

Baskets _____ Mud CLR 48 _____

D/V or Port Collar _____ Sand _____

P.C. 1138 Handling 358

Est Circ Mileage _____

Cement w/ 340M

Cement did Circ

FLOAT EQUIPMENT

Guide Shoe _____

Centralizer _____

Baskets _____

AFU Inserts _____

Float Shoe _____

Latch Down _____

Pumptrk Charge port collar Job.

Mileage 15

_____ Tax _____

_____ Discount _____

_____ Total Charge _____

X Signature [Signature]

Thanks