KOLAR Document ID: 1828823

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.xxxxx)				
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84				
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
New Well Re-Entry Workover	Field Name:				
□ Oil □ WSW □ SWD	Producing Formation: Kelly Bushing:				
Gas DH EOR					
☐ OG ☐ GSW	Total Vertical Depth: Plug Back Total Depth:				
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)				
Committed at Provider	Chloride content: ppm Fluid volume: bbls				
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
EOR Permit #:	Location of fluid disposal if fladied offsite.				
GSW Permit #:	Operator Name:				
<u> </u>	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West				
Recompletion Date 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:								

KOLAR Document ID: 1828823

Page Two

Operator Name	:						Lease	Name: _				W	/ell #:	
Sec Tv	vp	S. R.		East	t 🔲 W	/est	Count	ty:						
open and closed and flow rates if	d, flowing a gas to surf tity Log, Fir	ind shu face tes nal Logs	t-in pressu st, along w s run to ob	ures, who vith final otain Geo	ether sl chart(s ophysic	hut-in pre i). Attach cal Data a	essure rea extra she and Final I	iched stat eet if more Electric Lo	ic level space	, hydrosta e is needed	tic pressures d.	s, botton	n hole tempe	val tested, time tool erature, fluid recovery, v. Digital electronic log
Drill Stem Tests Taken (Attach Additional Sheets)			Yes No				Log Formation (Top), Depth				Datum	Sample		
Samples Sent to Geological Survey				es [No		Nam	е				Тор	Datum	
Cores Taken Electric Log Rur Geologist Repo	rt / Mud Lo	gs			/es [/es [No No No								
List / III L. Logo	i turi.													
				Rep	ort all st		RECORD			Used ite, producti	on, etc.			
Purpose of S	String				Size Casing Set (In O.D.)		Weight Lbs. / Ft.		Setting Depth		Type of Cement		# Sacks Used	Type and Percent Additives
					ADI	DITIONAL	. CEMENT	ING / SQL	JEEZE	RECORD				
Purpose: Depth Top Bottom Perforate Protect Casing Plug Back TD		Тур	Type of Cement			ks Used	Type and Percent Additives							
Plug Off 2														
Did you perform Does the volum Was the hydrau	ne of the tota	al base fl	uid of the h	ydraulic fr	racturing	•				Yes Yes Yes	No (If N	lo, skip c	questions 2 an question 3) t Page Three (·
Date of first Produ	uction/Injecti	ion or Re	sumed Pro	duction/		ucing Meth	nod:	ina	Gas Li	ft 🗆 C	ther (Explain)			
Estimated Production Oil Bbls Per 24 Hours		Bbls.			Mcf		Water		ols.	Gas	:-Oil Ratio	Gravity		
DISPOSITION OF GAS:					METHOD OF COMPLETION:					PRODUCTION INTERVAL: Top Bottom				
Vented Sold Used on Lease (If vented, Submit ACO-18.)			Open Hole Perf.			Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)								
Shots Per Foot	Perfora Top		Perforat Bottor			Bridge Plug Set At		Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)					Record	
TUBING RECOF	BD:	Size:		Set At:	<u> </u>		Packer At:							
				JULAI.			. wonor At.							

Form	ACO1 - Well Completion
Operator	BEREXCO LLC
Well Name	COBB LEASE 4
Doc ID	1828823

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	1030		660	
Production	7.875	4.5	10.5	5064		150	