

Confidentiality Requested:

☐ Yes ☒ NoKANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

Form must be Typed
Form must be Signed
All blanks must be FilledWELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34318
 Name: BEREXCO LLC
 Address 1: 2020 N BRAMBLEWOOD
 Address 2: _____
 City: WICHITA State: KS Zip: 67206 + 1094
 Contact Person: Nick Broyles
 Phone: (316) 265-3311
 CONTRACTOR: License # 34318
 Name: BEREXCO LLC
 Wellsite Geologist: NA
 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: National Cooperative Refinery Assoc.Well Name: Stumph-Smith #2Original Comp. Date: 12/9/1952 Original Total Depth: 5200

☒ 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 #: D-03690
☐ EOR Permit #: _____
☐ GSW Permit #: _____

1/2/1953 1/11/1953
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No.: 15-007-01189-00-01

Spot Description: _____

SW NE SW Sec. 7 Twp. 32 S. R. 14 ☐ East ☒ West
1823 Feet from ☐ North / ☒ South Line of Section
3777 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SWGPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84County: BarberLease Name: STUMPH SMITH Well #: 2

Field Name: _____

Producing Formation: ArbuckleElevation: Ground: 1917 Kelly Bushing: 1922Total Vertical Depth: 5313 Plug Back Total Depth: _____Amount of Surface Pipe Set and Cemented at: 496 FeetMultiple 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 DistributionALT ☒ I ☐ II ☐ III Approved by: Alexis Vincent Date: 09/15/2025

Operator Name: BEREXCO LLC Lease Name: STUMPH SMITH Well #: 2
 Sec. 7 Twp. 32 S. R. 14 ☐ East ☒ West County: Barber

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 <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey ☐ Yes ☒ No Cores Taken ☐ Yes ☒ No Electric Log Run ☐ Yes ☒ No Geologist Report / Mud Logs ☐ Yes ☒ No List All E. Logs Run:	☒ Log Formation (Top), Depth and Datum ☐ Sample <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Viola</td> <td>4818</td> <td>-2896</td> </tr> <tr> <td>Simpson</td> <td>4935</td> <td>-3013</td> </tr> <tr> <td>Arbuckle</td> <td>5053</td> <td>-3131</td> </tr> </tbody> </table>	Name	Top	Datum	Viola	4818	-2896	Simpson	4935	-3013	Arbuckle	5053	-3131
Name	Top	Datum											
Viola	4818	-2896											
Simpson	4935	-3013											
Arbuckle	5053	-3131											

CASING RECORD ☒ New ☐ 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
Surface	12.25	8.625	24	496	Common	250	
Production	7.875	5.5	15.5	5115	Common	265	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
☐ Perforate				
☐ Protect Casing	-			
☐ Plug Back TD				
☐ 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: <u>11/12/1953</u>	Producing Method: ☐ Flowing ☒ Pumping ☐ Gas Lift ☐ Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: ☒ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled <i>(Submit ACO-5) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top <u>5115</u> Bottom <u>5313</u>
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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>
	5115	5313			Arbuckle open hole
TUBING RECORD: Size: <u>2.875</u> Set At: <u>4911</u> Packer At: <u>4911</u>					

Form	ACO1 - Well Completion
Operator	BEREXCO LLC
Well Name	STUMPH SMITH 2
Doc ID	1860132

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	24	496	Common	250	
Production	7.875	5.5	15.5	5115	Common	265	