

FORM MUST BE TYPED

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

SIDE ONE

COPY

OPERATOR: License # 5363
Name: BEREXCO INC
Address: 100 N. Broadway
Suite 970
City/State/Zip: Wichita, KS 67202

Purchaser: N/A (Injection Well)
Operator Contact Person: Leon Rodak

Phone: (316) 265-3311
Contractor: BEREXCO INC
License: 5363

Wellsite Geologist: _____
Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.
Gas EHHR SIGW
Dry Other (Core, WSW, Expl., Cathodic, etc)
If Workover/Re-Entry, oil well info as follows:

Operator: Energy Reserves Group
Well Name: HJ Lundgren #3
Comp. Date: 07/08/82 Old Total Depth: 4325
Deepening Re-Perf Conv. to SWD
Plug Back PBTB
Commingled Docket No. _____
Dual Completion Docket No. _____
 Other (SWD or ni?) Docket No. E-27,449

01/12/98 NA 01/13/98
Spud Date **of START** Date Reached TD **of WORKOVER** Completion Date **of WORKOVER**

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas, 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-2-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 with all plugged well. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied and the statements herein are complete and correct to the best of my knowledge.

Signature: [Signature]
Title: Division Production Engineer Date: 11/19/98
Subscribed and sworn to before me this 19th day of January 1998.
Notary Public: Tiffany R. Reese
Date Commission Expires: SEPTEMBER 19, 1999

TIFFANY R. REESE
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 9-19-99

API NO. 15- 063-20593-0001
County: Gove
NW - SW - SW Sec 5 Twp 15 Rge 29 E W

990 Feet from S (circle one) Line of Section
330 Feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside section Corner:
NE, SE, NW, or SW (circle one)
Lease Name: H. J. Lundgren Well #: 3
Field Name: Lundgren

REPRESSURED ~~Producing~~ Formation: Mississippi, Marmaton, Pleasanton, KC
Elevation: Ground: 2561 KB: 2566
Total Depth: 4325 PBTB: 4280
Amount of Surface Pipe Set and Cemented at: 249 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1985 Feet
If Alternate II completion, cement circulated from: 1985
Feet depth to: surface w/ 350 sx. cmt.

Drilling Fluid Management Plan REWORK JK NA 3-3-98
(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: _____
Quarter: _____ Sec: _____ Twp: _____ Rge: _____ EW
County: _____ Docket No. _____

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
KCC Distribution
KGS SWD/Rep NGPA
 Plug Other IS
(Specify)

Form ACO-1 (7-91)

JAN 21 1999

SIDE TWO

Operator Name BEREXCO INC
 Sec 5 Twp 15 Rge 29
 East
 West

COPY

Lease Name H. J. Lundgren Well # 3
 County Gove

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressure, whether shut-in pressure reached static level, hydrostatic pressure, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	L-KC	3626	-1060
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Pleasanton	3956	-1390
List All E. Logs Run:			Marmaton	3972	-1406
			Mississippi	4220	-1654

* ORIGINAL COMPLETION

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	10 3/4	8 5/8	20	249	50/50 POZ	170	2% gel, 3% CC
Long String	8 5/8	5 1/2	14	4325	50/50 POZ	210	2% gel, 10% salt, 3/4% CFR2

* ORIGINAL COMPLETION

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Protect Casing	surf-1985	Lite	350	1/4#/sk flocele
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				
<input type="checkbox"/> Remedial				

* ORIGINAL

COMPLETION Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
Unknown	3884-94	1000 gallons 15% acid	3894
Unknown	3956-60	1000 gallons 15% acid	3960
Unknown	4024-28	1000 gallons 15% acid	4028
Unknown	4241-45	500 gallons 15% acid	4245

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 7/8 PL	3848	3848	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj	Producing Method	Gravity Flow
01/16/98 Date of first SWD	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain)	Gravity

Estimate Production Per 24 Hours	Oil	Bbls	Gas	MCF	Water	Bbls	Gas-Oil Ratio	Gravity
	NA		NA		NA		NA	NA

METHOD OF COMPLETION

Disposition of Gas: Vented Sold Used on Lease

Open Hole Perf Dually Comp Commingled (Injection)

Other (Specify) _____

Production Interval
3884-4245

JAN 21 1998

STATE OF KANSAS
 COMMISSION