

CONFIDENTIAL

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SIDE ONE

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

API NO. 15- 063-21, 355

County Gove

SE NW NE Sec. 36 Twp. 15S Rge. 30W East
West

4290 Ft. North from Southeast Corner of Section

1650 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

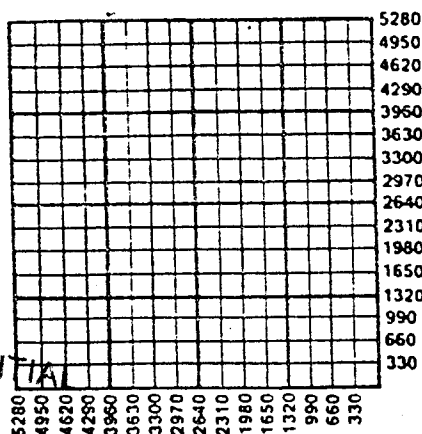
Lease Name Newton Well # 3

Field Name Sharp

Producing Formation _____

Elevation: Ground _____ KB _____

Total Depth 4325' PBTD 0'



RELEASED
Jan 25 1993
1994

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Amount of Surface Pipe Set and Cemented at 373 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.

Operator: License # 5363

Name: Berexco, Inc.

Address 970 Fourth Financial Center

City/State/Zip Wichita, KS 67202

Purchaser: _____

Operator Contact Person: David Munro

Phone (316) 265-3311

Contractor: Name: Murfin Drilling Company

License: 6033

Wellsite Geologist: _____

Designate Type of Completion

New Well _____ Re-Entry _____ Workover

_____ Oil _____ SWD _____ Temp. Abd.

_____ Gas _____ Inj _____ Delayed Comp.

Dry _____ Other (Core, Water Supply, etc.)

If OWO: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary _____ Air Rotary _____ Cable

10-25-90 11-01-90 11-02-90

Spud Date Date Reached TD Completion Date

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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.

Signature J.E. Goss

Title Jack E. Goss, Agent for Operator Date 11-20-90

Subscribed and sworn to before me this 20th day of November 1990.

Notary Public Melanie Rau

Date Commission Expires 4-18-93

K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached

C Wireline Log Received

C _____ Drillers Timelog Received

Distribution

_____ SWD/Rep _____ NGPA

_____ Plug _____ Other (Specify) *TS*

CONSERVATION DIVISION
Wichita, Kansas

Form ACO-1 (7-89)

MELANIE RAU
NOTARY PUBLIC
WICHITA, KANSAS
My Comm. Exp. 4-18-93

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307901

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SIDE TWO

Operator Name Berexco, Inc. Lease Name Newton Well # 3

Sec. 36 Twp. 15S Rge. 30W East West 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 pressures, whether shut-in pressure reached static level, hydrostatic pressures, 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 Yes No
(Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy.)

see attached

Formation Description

Log Sample

Name	Top	Bottom
Lansing KC	3662	
Base Kansas City	4002	
Marmaton	4032	
Ft. Scott	4179	
Cherokee	4202	
Mississippian	4279	

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 1/4"	8-5/8"		373	60/40 Poz	250	2% gel, 3% cc

Shots Per Foot	PERFORATION RECORD Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	
		Depth	

TUBING RECORD

Size _____ Set At _____ Packer At _____ Liner Run Yes No

Date of First Production _____ Producing Method Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION Open Hole Perforation Dually Completed Commingled Other (Specify) _____

Production Interval _____