

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

OPERATOR: License # 5363
Name: BEREXCO, Inc.
Address: 100 N. Broadway
Suite 970
City/State/Zip: Wichita, KS 67202
Purchaser: _____
Operator Contact Person: Evan Mayhew
Phone: (316) 265-3311
Contractor: Beredco, Inc.
License: 5147
Wellsite Geologist: Pete Wilson

Signature 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: _____
Well Name: _____
Comp. Date: _____ Old Total Depth: _____

☐ Deepening ☐ Re-Perf ☐ Conv. to Inj/SWD
☐ Plug Back ☐ PBTD
☐ Commingled ☐ Docket No. _____
☐ Dual Completion ☐ Docket No. _____
☐ Other (SWD or Inj?) ☐ Docket No. _____

09/19/97 09/30/97 10/01/97
Date Reached TD Date Completion Date

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.

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: Evan Mayhew

Title: _____ Date: _____

Subscribed and sworn to before me this 17th day of November 19 97.

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

SIDE ONE

API NO. 15- 187-20885
County: Stanton
N/2 - NE - NW Sec 16 Twp 29 Rge 41 E X W
380 Feet from SW (circle one) Line of Section
1900 Feet from EW (circle one) Line of Section
Footages Calculated from Nearest Outside section Corner:
NE, SE, NW, or SW (circle one)
Lease Name: Schroeder Well #: 1-16
Field Name: Arroyo
Producing Formation: None
Elevation: Ground: 3403 KB: 3415
Total Depth: 5740 PBTD: 0
Amount of Surface Pipe Set and Cemented at: 1660 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 D2A 8K 7-16-98
(Data must be collected from the Reserve Pit)

Chloride Content: 950 ppm Fluid Volume: 6900 bbls

Dewatering method used: Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____

Quarter: _____ Sec: _____ Twp: _____ Rge: _____ E/W

County: _____ Docket No. _____

K.C.C. OFFICE USE ONLY

F ☒ Letter of Confidentiality Attached
C ☒ Wireline Log Received
C ☐ Geologist Report Received

☒ KCC ☐ SWD/Rep ☒ NGPA
☐ KGS ☐ Plug ☒ Other (Specify) IS

Form ACO-1 (7-91)

Operator Name BEREXCO, Inc.Lease Name Schroeder Well # 1-16Sec 16 Twp 29 Rge 41 ☐ EastCounty Stanton☒ West

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 ☒ Yes ☐ No
(Attach Additional Sheets.)Samples Sent to Geological Survey ☒ Yes ☐ NoCores Taken ☐ Yes ☒ NoElectric Log Run ☒ Yes ☐ No
(Submit Copy.)List All E. Logs Run: Spectral Density Dual Spaced Neutron II Log
Dual Induction Laterlog
Long Spaced Sonic Delta T Log☐ Log Formation (Top), Depth and Datum ☐ Sample

Name Top Datum

See Attached

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	24#	1647	Lite Class H	600 150	3%CC, 1/4# FS 3%CC

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
☐ Perforate				
☐ Protect Casing				
☐ Plug Back TD				
☐ Plug Off Zone				
☐ Remedial				

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

TUBING RECORD	Size	Set At	Packer At	Liner Run
				☐ Yes ☐ No
Date of First, Resumed Production, SWD or Inj	Producing Method			
<u>D & A</u>	☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain)			
Estimate Production Per 24 Hours	Oil <u>N/A</u> Bbls	Gas <u>N/A</u> MCF	Water <u>N/A</u> Bbls	Gas-Oil Ratio Gravity

METHOD OF COMPLETION

Disposition of Gas:

☐ Vented ☐ Sold ☐ Used on Lease
(If vented, submit ACO-18.)☐ Open Hole ☐ Perf ☐ Dually Comp ☐ Commingled☐ Other (Specify) _____ Production Interval
