

Kansas Corporation Commission
Oil & Gas Conservation Division
WELL COMPLETION FORM

Form ACO-1
September 1999
Form Must Be Typed

Well History - Description of Well & Lease

OPERATOR: License # 5363
Name: BEREXCO Inc
Address P O Box 20380

City/State/Zip Wichita, KS 67208
Purchaser: _____
Operator Contact Person: GARY MISAK
Phone (316) 265-3311
Contractor: ABERCROMBIE RTD, INC.
License: 30684

Wellsite Geologist: _____
Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas EHHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)
If Workover/Re-Entry; oil well info as follows:

Operator: GRAHAM-MICHAELIS
Well Name: SMITH #1-34
Comp. Date 6/10/93 Old Total Depth 5190'
 Deepening Re-Perf Conv. to Inj/SWD
 Plug Back PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
10/12/01 10/17/01 _____
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date
Date

API NO. 15- 097-20224-0001
County KIOWA
- SE - SW Sec 34 Twp 30S Rge 18 W
661 Feet from S (circle one) Line of Section
1980 Feet from W (circle one) Line of Section

Footages Calculated from Nearest Outside section Corner:
NE, SE, NW, or SW (circle one)
Lease Name SMITH Well # 1-34
Field Name ALFORD
Producing Formation _____
Elevation: Ground: 2130' KB 2135'
Total Depth 3084' PBDT SURFACE
Amount of Surface Pipe Set and Cemented at 1121 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
(Data must be collected from the Reserve Pit)
Chloride Content 62,000 ppm Fluid Volume 500 bbls
Dewatering method used EVAPORATION
Location of fluid disposal if hauled offsite: _____
Operator Name _____
Lease Name _____ License No: _____
_____ Quarter _____ Sec _____ Twp _____ Rge _____
County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market Room 2078, 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 wells. 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 with and the statements herein are complete and correct to the best of my knowledge.

Signature Gary Misak
Title District Engineer Date 1/15/02
Subscribed and sworn to before me this 15 day of Jan
2002
Notary Public Ladanne M Reese
Date Commission Expires: 3-2-2005

K.C.C. OFFICE USE ONLY

_____ **Letter of Confidentiality Attached**
If Denied, Yes _____ Date: _____
_____ **Wireline Log Received**
_____ **Geologist Report Received**
_____ **UIC Distribution**

SIDE TWO

Operator Name BEREXCO Inc

Lease Name SMITH Well # 1-34

Se 34 Tw 30S Rge 18 East West

County KIOWA

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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

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.)

List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample
Name Top Datum

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

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth		Type of Cement	# Sacks Used	Type and Percent Additives
	Top	Bottom			

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

TUBING RECORD		Size	Set At	Packer At	Liner Run	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of First, Resumed Production, SWD or Inj		Producing Method		<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimate Production Per 24 Hours	Oil Bbls	Gas MCF	Water Bbls	Gas-Oil Ratio	Gravity		

Disposition of Gas: Vented Sold Used on Lease Open Hole Perf Dually Comp Commingled Other (Specify) _____