

FORM MUST BE TYPED

COPY KCC

SIDE ONE

36-31-33W

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

MAR 6
CONFIDENTIAL

Operator: License # 5363
Name: BEREXCO INC
Address: 970 Fourth Financial Center
City/State/Zip: Wichita, KS 67202

Purchaser: none
Operator Contact Person: Evan Mayhew
Phone (316): 265-3311

Contractor: Name: BEREDCO INC
License: 5147
Wellsite Geologist: Charles Spradlin

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, USW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
Deepening _____ Re-perf. _____ Conv. to Inj/SWD _____
Plug Back _____ PSTD _____
Commingle _____ Bucket No. _____
Dual Completion _____ Bucket No. _____
Other (SWD or Inj?) Bucket No. _____
1-30-92 2-9-92 2-10-92
Spud Date Date Reached TD Completion Date

API NO. 15- 175-21,235
County Seward
N/2 NE - N 36 - E 33 - Rgs. 33 X
4950 _____ Feet from E/W (circle one) Line of Section
660 _____ Feet from E/W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Name Duane Well # 1-36
Field Name Unnamed
Producing Formation 1093 none

Producing Formation 1093 none
Total Depth 5950 2859 KS 2869 PSTD 0
Amount of Surface Pipe Set and Cemented at 1707 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/ _____ ex cnt.

Brilling Fluid Management Plan ALI DKA
(Data must be collected from the Reserve Pit)
Chloride content 2250 ppm Fluid volume 8350 bbls
Dewatering method used evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name _____
Lease Name _____ License No. _____
Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W
County _____ Docket No. _____

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 82-3-130, 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 form 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 Evan C Mayhew
Title District Production Engineer Date _____
Subscribed and sworn to before me this 6th day of March, 19 92.
Notary Public Marjorie A Hedrick
Date Commission Expires 6-29-93

MARJORIE A. HEDRICK
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. _____

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

WEE-1E-2E

SIDE TWO

Operator Name BEREXCO INC Lease Name Duane Well # 1-36

Sec. 36 Twp. 31 Rge. 33 County Seward

East
 West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests of 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.)
List All E.Logs Run:
see attached

Log Formation (Top), Depth and Returns Sample
Name Top Datum
see attached sheet

CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> 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	23#	1707	Lite/Class C	500/150	2%cc, 1/4#f1 cele

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

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(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 In]. 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 Perf. Dually Comp. Commingled Other (Specify) D&A
Production Interval _____