

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 # 5364

Name: Beren Corporation

Address 100 N. Broadway
Suite 970

City/State/Zip Wichita, KS 67202

Purchaser: Redwing

Operator Contact Person: David C. Yaw

Phone (316) 265-3311

Contractor: _____

License: _____

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: Beren Corporation Amerada Petroleum

Well Name: V. L. Cook "A" #1
Comp. Date 03/25/65 Old Total Depth 4812

Deepening ☒ Re-Perf ☐ Conv. to Inj/SWD
☒ Plug Back 4630' ☐ PBTD
☐ Commingled ☐ Docket No. _____
☐ Dual Completion ☐ Docket No. _____
☐ Other (SWD or Inj?) ☐ Docket No. _____

12-6-96 12/12/96
Date of START Date Reached TD Completion Date of
of WORKOVER 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 with and the statements herein are complete and correct to the best of my knowledge.

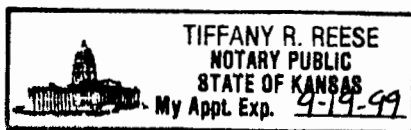
Signature David C. Yaw

Title District Production Engineer Date 3/31/97

Subscribed and sworn to before me this 1st day of April 19 97

Notary Public Tiffany R. Reese

Date Commission Expires SEPTEMBER 19, 1999



SIDE ONE

API NO. 15- PRE-1967

County Barber

- NE - SW Sec 8 Twp 34 Rge 12 ☒ E ☐ W

1980 Feet from SIN (circle one) Line of Section

1980 Feet from EW (circle one) Line of Section

Footages Calculated from Nearest Outside section Corner:
NE, SE, NW, or SW (circle one)

Lease Name V. L. Cook "A" Well # 1

Field Name Boggs S/W

Producing Formation Hertha

Elevation: Ground: 1492 KB: 1502

Total Depth 4812 PBTD 4630

Amount of Surface Pipe Set and Cemented at 411 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 REWORK JN 4-9-97
(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 _____ E/W

County _____ Docket No. _____

K.C.C. OFFICE USE ONLY

F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Geologist Report Received

Distribution
KCC _____ SWD/Rep _____ NGPA
KGS _____ Plug _____ Other (Specify) _____

Form ACO-1 (7-91)

RECEIVED
KANSAS CORP COM
APR - 7 12:05

Operator Name BEREN Corporation
 Sec 8 Twp 34 Rge 12 ☐ East
☒ West

Lease Name V. L. Cook "A" Well # 1
 County Barber

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 ☒ 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
Surface	12 1/4"	8"		411'	60/40 Poz	300	
Production	7 7/8"	4"		4812'	Premium Plus	275	

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				
<input type="checkbox"/> 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
	Set CIBP		4630
4	4482 — 4486	Acid 750 gallons 15% Fe-HCl	4482-4486
4	4695' - 4700' + 4706' - 4711'		
4	4720' - 4725'		
TUBING RECORD			
Size	Set At	Packer At	Liner Run
2-3/8	4461	4461	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj 12/12/96		Producing Method	
		<input checked="" 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
	0	420	0
			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
 4482-86

RECEIVED
 1997 APR - 7 P 12:05
 HENKAS CORP COMM