

35-9s-23 W COPY

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

SIDE ONE

API NO. 15-065-227350001

County GRAHAM

SE NW SW Sec 35 Twp 3 Rge 23 XX W

1650 Feet from (N) (circle one) Line of Section

590 Feet from (E) (circle one) Line of Section

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

Lease Name DIEBOLT Well # 5

Field Name LAW

REPRESSURED

Formation LANSING KANSAS CITY

Elevation: Ground: 2444 KB: 2449

Total Depth 3995 PSTD 3970

Amount of Surface Pipe Set and Cemented at 263 Feet

Multiple Stage Cementing Collar Used? XX Yes No

If yes, show depth set 2014 Feet

If Alternate II completion, cement circulated from 2014

Feet depth to SURFACE w/ 440 ex. cmt.

Drilling Fluid Management Plan REWORK 5-22-96  
(Date must be collected from the Reserve Pit)

Chloride Content 4000 ppm Fluid Volume 2763 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.

OPERATOR: License # 5363

Name: BEREXCO INC

Address 970 FOURTH FINANCIAL CENTER

City/State/Zip WICHITA, KS 67202

Purchaser:

Operator Contact Person: LEON RODAK

Phone (316) 265-3311

Contractor: MURFIN DRILLING

License:

Wellsite Geologist: RON NELSON

Designate Type of Completion  
New Well Re-Entry XX Workover

Oil SWD SIOW Temp. Abd.

Gas XX 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 XX Conv. to (SWD)

Plug Back PSTD

Commingled Docket No.

Dual Completion Docket No.

XX Other (SWD or (In)) Docket No. E-26988

05/16/94 05/25/94 06/10/94  
Spud Date Date Reached TD 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.

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.

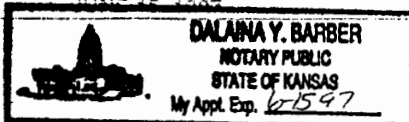
Signature

Title DIVISION ENGINEER Date 1-6-95

Subscribed and sworn to before me this 9th day of January 1995.

Notary Public

Date Commission Expires



| K.C.C. OFFICE USE ONLY          |                                    |
|---------------------------------|------------------------------------|
| F                               | Letter of Confidentiality Attached |
| C                               | Wireline Log Received              |
| C                               | Geologist Report Received          |
| DISTRIBUTION                    |                                    |
| KCC                             | SWD/Rep                            |
| KGS                             | Plug                               |
| NGPA                            |                                    |
| Other (Specify)                 |                                    |
| JAN 11 1995                     |                                    |
| STATE CORPORATION COMMISSION    |                                    |
| OIL & GAS CONSERVATION DIVISION |                                    |
| Form ACO-1 (7-91)               |                                    |

W 86 - 29 - 2E

66345

SIDE TWO

Operator Name BEREXCO INC  
 Sec 35 Twp 9 Rge 23 East  
☒ West

Lease Name DIEBOLT Well #         
 County GRAHAM

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<br>(Attach Additional Sheets.) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum | <input type="checkbox"/> Sample |
| Samples Sent to Geological Survey                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Name                                                                     | Top Datum                       |
| Cores Taken                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | SEE ATTACHED                                                             |                                 |
| Electric Log Run<br>(Submit Copy.)                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                          |                                 |
| List All E. Logs Run:                                 | SEE ATTACHED                                                        |                                                                          |                                 |

| CASING RECORD                                                             |                   |                           |               |               |                |              |                                                  |
|---------------------------------------------------------------------------|-------------------|---------------------------|---------------|---------------|----------------|--------------|--------------------------------------------------|
| <input type="checkbox"/> New <input checked="" 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                     | 25 & 27       | 263           | 60/40 POZ      | 165          | 3% CaCl; 2% GEL                                  |
| PRODUCTION                                                                | 7-7/8             | 5-1/2                     | 14            | 3994          | EA-2           | 160          | 10% NaCl; 1/4# floccle                           |
|                                                                           |                   |                           |               |               | HLC            | 340          | 5# gilsonite                                     |
|                                                                           |                   |                           |               |               | 60/40 POZ      | 100          | 1/4# floccle; 2% gel; 1/4# floccle; 5# gilsonite |

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

| Shots Per Foot | PERFORATION RECORD — Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br>(Amount and Kind of Material Used) | Depth      |
|----------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------|
| 4              | 3878' - 3882'                                                                             | 750 GALLONS 15% HCL                                                               | 3878 - 82' |
|                |                                                                                           |                                                                                   |            |
|                |                                                                                           |                                                                                   |            |
|                |                                                                                           |                                                                                   |            |

| TUBING RECORD                                 |     | Size                                                                                                                                         | Set At | Packer At | Liner Run | Yes                                 | No                       |
|-----------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------|-----------|-------------------------------------|--------------------------|
|                                               |     | 2-3/8                                                                                                                                        | 2035   | 3855      |           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Date of First, Resumed Production, SWD or Inj |     | Producing Method                                                                                                                             |        |           |           |                                     |                          |
| Set packer and MIT'd well 1/3/95              |     | <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) |        |           |           |                                     |                          |
| Estimate Production                           | Oil | Bbls                                                                                                                                         | Gas    | MCF       | Water     | Bbls                                | Gas—Oil Ratio            |
| Per 24 hours                                  |     |                                                                                                                                              |        |           |           |                                     | 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) \_\_\_\_\_

Injection interval  
 3878 - 82'