

JAN 16 2002

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

ORIGINAL

CONSERVATION DIVISION

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 SIOW 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 8-26-74 Old Total Depth 5190'

Deepening Re-Perf Conv. to Inj/SWD
 Plug Back PBTB

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

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' PBTB 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.

ALTI PEA WITH 10-16-06
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 Harry Michak

Title District Engineer Date 1/15/02

Subscribed and sworn to before me this 15 day of Jan 20 02

Notary Public Ladeane M Reese

Date Commission Expires: 3-2-2005

K.C.C. OFFICE USE ONLY

Letter of Confidentiality Attached

If Denied, Yes No Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution



LADEANE M. REESE
State of Kansas
My Appt. Exp. March 2, 2005

X

JAN 16 2002

ORIGINAL

SIDE TWO

Operator Name BEREXCO CONSERVATION DIVISION Lease Name SMITH Well # 1-34
 Sec 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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
List All E. Logs Run:				

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:	Depth	Type of Cement	# Sacks Used	Type and Percent Additives
	Top Bottom			
<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/Typ 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf Dually Comp Commingled

Production Interval: Other (Specify) _____



Well F.14

OCT 23 2001
COPY

SALES OFFICE:
105 S. Broadway
Suite #420
Wichita KS 67202
(316) 262-3699
(316) 262-5799 FAX

SALES & SERVICE OFFICE:
10244 NE Hiway 61
P.O. Box 8613
Pratt, KS 67124-8613
(316) 672-1201
(316) 672-5383 FAX

ACIDIZING · FRACTURING · CEMENTING

Invoice *API# 15-097-20224-0001*

Bill to: BEREXCO, INC. P.O. Box 20380 Wichita, KS 67208	904500	Invoice	Invoice Date	Order	Order Date
		110063	10/22/01	4193	10/17/01
	Service Description				
	Cement				
		Lease		Well	
		Smith <i>gm</i>		1-34	
AFE	CustomerRep	Treater	Well Type	Purchase Order	Terms
	Bill Craig	T. Seba	New Well		Net 30

<u>ID.</u>	<u>Description</u>	<u>UOM</u>	<u>Quantity</u>	<u>Unit Price</u>	<u>Price</u>
D203	60/40 POZ (COMMON)	SK	125	\$7.75	\$968.75
C321	CEMENT GEL	LB	432	\$0.25	\$108.00
E107	CEMENT SERVICE CHARGE	SK	125	\$1.50	\$187.50
E100	HEAVY VEHICLE MILEAGE - 1 WAY	MI	50	\$3.00	\$150.00
E104	PROPPANT / BULK DELIV SERVICES/TON MILE, \$200 MIN	TM	297	\$1.25	\$371.25
R400	CEMENT PUMPER, PLUG & ABANDON (Workover Unit)	EA	1	\$650.00	\$650.00

Sub Total: \$2,435.50
Discount: \$597.62
Discount Sub Total: \$1,837.88
Tax Rate: 5.90% **Taxes:** \$0.00
(T) Taxable Item **Total:** \$1,837.88

RECEIVED
 KANSAS CORPORATION COMMISSION

JAN 17 2002
 CONSERVATION DIVISION

PLEASE REMIT TO Acid Services, LLC, Dept No 1131, Tulsa, OK 74182

Accounts become past due the last day of the month following billing. Interest rate 1.5% per month (18% per year) on past due accounts.

OCT 23 2001

FIELD ORDER

4193



INVOICE NO.		Subject to Correction	
Date 10-17-01	Lease SMITH	Well # 134	Legal 34-30S-18W
Customer ID	County KIOWA	State KS	Station PRATT
Depth		Formation	Shoe Joint
Casing 4 1/2 O.P.		Casing Depth 1150'	TD
Job Type P.T.A. NEW WELL		Customer Representative BILL CRAIG	
Treater T. SEBA			

CHARGE

BARELCO

AFE Number	PO Number	Materials Received by X W. C. Craig
------------	-----------	--------------------------------------------

Product Code	QUANTITY	MATERIAL, EQUIPMENT and SERVICES USED	UNIT PRICE	AMOUNT	ACCOUNTING	
					CORRECTION	AMOUNT
D-203	125 sks	60/40 POL	✓			
C-321	432 lbs	CEMENT GEL	✓			
E-107	125 SKL	CEMENT SERV. CHARGE				

RECEIVED
 KANSAS CORPORATION COMMISSION
 JAN 17 2002
 CONSERVATION DIVISION

E-100	50 MT	UNITS /WAY	MILES	50
E-104	247 TM	TONS	MILES	
R-400	1 EA	EA. P.T.A.	PUMP CHARGE	

DISCOUNTED PRICE = 1,837.98
 + TAXES

10244 NE Hiway 61 - P.O. Box 8613 - Pratt, KS 67124-8613 - Phone (620) 672-1201 - Fax (620) 672-5383 TOTAL

TREATMENT REPORT

03943



Customer ID	Date	
Customer BERELLO	10-17-01	
Lease SMITH	Lease No.	Well # 1-34

Field Order # 4193	Station PRATT	Casing 4 1/2 O.P.	Depth 1150'	County KIOWA	State Ks
Type Job P.T.A. NEW WELL	Formation			Legal Description 34-30S-18W	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 4 1/2 O.P.	Tubing Size	Shots/Ft		Acid 60/40 P02 12.5SKS		RATE	PRESS	ISIP
Depth 1150	Depth	From	To	Pre Pad 13.3 1/4 GAL 1.59 FT3		Max		5 Min.
Volume	Volume	From	To	Pad		Min		10 Min.
Max Press	Max Press	From	To	Frac		Avg		15 Min.
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush		Gas Volume		Total Load

Customer Representative BILL CRAIG	Station Manager D. ATRY	Treater T. SEBA
-------------------------------------------	--------------------------------	------------------------

Service Units	109	35	57	38	72
---------------	------------	-----------	-----------	-----------	-----------

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:30					CALLED out
12:00					on LA w/ TRK'S
3:05				5	1 ST PLUG 1150' 50SKS
			14.15	}	PUMP H ₂ O AHEAD
3:15			12.68		MIX: PUMP 50SKS
					BALANCE: DISP
3:50				5	2 ND PLUG 310' 40SKS
			11.32		PUMP H ₂ O AHEAD
					MIX: PUMP 40SKS
3:57			1.46		BALANCE: DISP
5:00			2.83	1	3 RD PLUG 40' 10SKS
					CIRCL CRT TO SURFACE
			4.24	2	15SKS R HOLE
5:15			2.83	1	10 SKS B HOLE
					JOB COMPLETE
					THANKS TODD

RECEIVED
KANSAS CORPORATION COMMISSION
JAN 17 2002
CONSERVATION DIVISION