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 KCC WICHITA
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KANSAS CORPORATION COMMISSION
 OIL & GAS CONSERVATION DIVISION

Form ACO-1
 September 1999
 Form Must Be Typed

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 33116
 Name: Berry Petroleum Company
 Address: P. O. Box 250
 City/State/Zip: Wray, Co 80758
 Purchaser: _____
 Operator Contact Person: Loni J. Davis
 Phone: (970) 332-3585 x26
 Contractor: Name: Excell Services, Inc.
 License: 8273
 Wellsite Geologist: _____
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)
 If Workover/Re-entry: Old Well Info as follows:
 Operator: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

<u>12/21/05</u>	<u>12/22/05</u>	<u>01/10/06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 181-20389-0000
 County: Sherman
 NW SW NW SE Sec. 24 Twp. 6S S. R. 40 East West
2058 feet from (S) / N (circle one) Line of Section
2346 feet from (E) / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: P. Helman Well #: 33-24 6S40W
 Field Name: Wildcat
 Producing Formation: Niobrara
 Elevation: Ground: 3593 Kelly Bushing: 3599
 Total Depth: 1523 Plug Back Total Depth: 1439.69'
 Amount of Surface Pipe Set and Cemented at 403' 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.
Alt I - Dlg - 10/20/08
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
 Chloride content 7800 ppm Fluid volume 365 bbls
 Dewatering method used Evaporation/Shale Shaker
 Location of fluid disposal if hauled offsite: _____
 Operator Name: N/A
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 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 82-3-130, 82-3-106 and 82-3-107 apply. Information of 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: Loni J. Davis
 Title: Operations Accounting and Regulatory Date: 02/08/06
 Subscribed and sworn to before me this 8TH day of FEBRUARY,
2006.
 Notary Public: Mary C. Swiss
 Date Commission Expires: My Comm. expires 3-12-2009

KCC Office Use ONLY

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

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FEB 17 2006 Side Two

Operator Name: Berry Petroleum Company KCC WICHITA Lease Name: P. Helman Well #: 33-24 6S40W

Sec. 24 Twp. 6S S. R. 40 [] East [x] West County: Sherman

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving 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 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 [x] No (Attach Additional Sheets)
Samples Sent to Geological Survey [] Yes [x] No
Cores Taken [] Yes [x] No
Electric Log Run [x] Yes [] No (Submit Copy)

List All E. Logs Run:

Array Induction W/ Linear Correlation, Compensated Neutron Litho Density

[x] Log Formation (Top), Depth and Datum [] Sample
Name Top Datum
Bentonite 1110'
Niobrara 1296 2303

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CASING RECORD [] New [] Used
Report all strings set-conductor, surface, intermediate, production, etc.
Table with columns: 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
Table with columns: Purpose, Depth Top Bottom, Type of Cement, #Sacks Used, Type and Percent Additives.

PERFORATION RECORD - Bridge Plugs Set/Type
Specify Footage of Each Interval Perforated
Table with columns: Shots Per Foot, PERFORATION RECORD, Acid, Fracture, Shot, Cement Squeeze Record, Depth.

TUBING RECORD Size 2-3/8" Set At 1331 KB Packer At NA Liner Run [] Yes [x] No

Date of First, Resumerd Production, SWD or Enhr. 02/07/06 Producing Method [x] Flowing [] Pumping [] Gas Lift [] Other (Explain)

Estimated Production Per 24 Hours Oil Bbls. 57 Gas Mcf 0 Water Bbls. Gas-Oil Ratio Gravity

Disposition of Gas [] Vented [x] Sold [] Used on Lease (If vented, Submit ACO-18.)
METHOD OF COMPLETION [] Open Hole [x] Perf. [] Dually Comp. [] Commingled [x] Other (Specify) Fractured
Production Interval

ALLIED CEMENTING CO., INC. 13582

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Federal Tax I.D.# [REDACTED]

FEB 17 2006

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

OAKLEY

KCC WICHITA

DATE <u>12-22-05</u>	SEC. <u>24</u>	TWP. <u>6S</u>	RANGE <u>40W</u>	CALLED OUT	ON LOCATION <u>11:00 PM</u>	JOB START <u>11:15 PM</u>	JOB FINISH <u>11:45 PM</u>
LEASE <u>Helman</u>	WELL# <u>33-24</u>	LOCATION <u>Coonland 13N-134W-1/4W</u>			COUNTY <u>SHERMAN</u>	STATE <u>Ks</u>	
OLD OR <u>(NEW)</u> (Circle one)							

CONTRACTOR EXCELL DRILL RIG #10 OWNER SAME

TYPE OF JOB PRODUCTION STAINL

HOLE SIZE 6 1/4" T.D. 1523'

CASING SIZE 4 1/2" DEPTH 1475.86

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT 42.17'

CEMENT LEFT IN CSG. 42.17'

PERFS. _____

DISPLACEMENT 22.88 BBL

CEMENT AMOUNT ORDERED

70 SKS ASC 2966L 1/4" FLO SEAL

3 GAL CIA-PRO

COMMON _____	@ _____	_____
POZMIX _____	@ _____	_____
GEL <u>1 SK</u>	@ _____	<u>14.00</u>
CHLORIDE _____	@ _____	_____
<u>ASC 70 SKS</u>	@ <u>11.65</u>	<u>815.50</u>
<u>FLO-SEAL 17#</u>	@ <u>1.70</u>	<u>28.90</u>
<u>CIA-PRO 3.6AL</u>	@ <u>24.00</u>	<u>72.30</u>
HANDLING <u>75 SKS</u>	@ <u>1.60</u>	<u>120.00</u>
MILEAGE <u>64 PER SK</u>	MISC	<u>292.50</u>
TOTAL		<u>1343.20</u>

EQUIPMENT

PUMP TRUCK # <u>191</u>	CEMENTER <u>TERRY</u>
BULK TRUCK # <u>218</u>	HELPER <u>WAYNE</u>
BULK TRUCK # _____	DRIVER <u>JARROD</u>
BULK TRUCK # _____	DRIVER _____

REMARKS:

MIX 10SKS RAT HOLE

MIX 10SKS MOUSE HOLE

PUMP 2 BBL WATER MIX 50SKS

ASC 2966L 1/4" FLO-SEAL. WASH

PUMP & LINES. DISPLACE 22.88 BBL

29% KCl WATER.

SERVICE

DEPTH OF JOB _____	<u>1475.86'</u>
PUMP TRUCK CHARGE _____	<u>1320.00</u>
EXTRA FOOTAGE _____	@ _____
MILEAGE <u>65 MI</u>	@ <u>5.00</u> <u>325.00</u>
PLUG _____	@ _____
TOTAL <u>1645.00</u>	

THANK YOU

CHARGE TO: BERRY PETROLEUM CORP.

STREET _____

CITY _____ STATE _____ ZIP _____

4 1/2" FLOAT EQUIPMENT

<u>1-AFU FLOAT SHOE</u>	@ _____	<u>200.00</u>
<u>1-Latch down plug ASST</u>	@ _____	<u>300.00</u>
<u>7-STEM HOR CENTRIZER</u>	@ <u>45.00</u>	<u>315.00</u>
<u>8-RECYROCKING SCRATCHERS</u>	@ <u>29.00</u>	<u>232.00</u>
TOTAL		<u>1047.00</u>

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE [Signature]

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME _____