

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

REVISED ORIG. IN
LIEU OF OVER
CORRECTION Form Must Be Typed
ORIG. ACO1 REC'D 8/13/08
FIRST

OPERATOR: License # 5363
Name: Berexco Inc.
Address 1: PO Box 20380
Address 2: _____
City: Wichita State: KS Zip: 67208 + _____
Contact Person: Jeremy Enszt
Phone: (316) 265-3311
CONTRACTOR: License # _____
Name: _____
Wellsite Geologist: _____
Purchaser: _____
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 Dry Other _____
(Core, WSW, Expl., Cathodic, etc.)

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If Workover/Re-entry: Old Well Info as follows:
Operator: Berexco Inc.
Well Name: Janice Unit #4X VOTH T T 1
Original Comp. Date: 2/22/86 Original Total Depth: 4719
 Deepening Re-perf. Conv. to Enhr. Conv. to SWD
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Docket No.: _____
 Dual Completion Docket No.: _____
 Other (SWD or Enhr.?) Docket No.: _____
7/31/08 8/1/08
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 109-20413-0002 ORIGINAL
Spot Description: _____
_____-NW-SE Sec. 17 Twp. 12 S. R. 33 East West
1980 1944 Feet from North / South Line of Section
1980 2047 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Logan
Lease Name: Janice Unit Well #: 4X
Field Name: Janice
Producing Formation: _____
Elevation: Ground: _____ Kelly Bushing: 3119
Total Depth: _____ Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: _____ 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.

per [signature] 8/13/08

Drilling Fluid Management Plan Owwd Alt II NR
(Data must be collected from the Reserve Pit) 8-7-09
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
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: _____
Title: District Engineer Date: 7/21/09
Subscribed and sworn to before me this 21st day of July
20 09
Notary Public: Diana E. Bell
Date Commission Expires: Aug 10, 2011

DIANA E. BELL
Notary Public - State of Kansas
My Appt. Expires 8-10-11

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

Operator Name: Berexco Inc. Lease Name: Janice Unit Well #: 4X
 Sec. 17 Twp. 12 S. R. 33 East West County: Logan

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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate ___ Protect Casing <input checked="" type="checkbox"/> Plug Back TD ___ Plug Off Zone	Bottom at 4630	60/40	100	4% gel, top unknown. Circ clean at 2500'.

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
2	Cedar Hills 2150-2200 CIBP set at 2500'	1000 gal 15%	2150-2200

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TUBING RECORD: Size: <u>2-3/8"</u> Set At: <u>2130</u> Packer At: <u>2130</u> Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
Estimated Production Per 24 Hours	Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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COPY

BEREXCO INC.

August 8, 2008

Mr. Jerry Knobel
Kansas Corporation Commission
130 S. Market, Room 2078
Wichita, KS 67202

Re: Janice Unit #4X
NW SE 17-12S-33W
Logan Co., KS
API # 15-109-20413
D-30150

Mr. Knobel:

Enclosed, please find the ACO-1 and a cementing ticket documenting the work done to complete the above-referenced well as a SWD.

On August 1, 2008, a successful MIT was witnessed by Daryl Dipman of your Hays office.

We look forward to receiving the injection authorization for this well.

Sincerely,



Jeremy Ensz
District Engineer

Encl: ACO-1
Cement Ticket

2008 AUG 13 10:50 AM

AUG 13 2008

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KANSAS CORPORATION COMMISSION

AUG 13 2008

CONSERVATION DIVISION
WICHITA, KS

