

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # 34318

Name: Berexco LLC.

Address 1: P.O. Box 20380

Address 2: \_\_\_\_\_

City: Wichita, Kansas State: Kansas Zip: 67208 + \_\_\_\_\_

Contact Person: Bruce Meyer

Phone: ( 316 ) 265-3311

CONTRACTOR: License # \_\_\_\_\_

Name: Berexco LLC.

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    Deepened SWD from 3586 to 3800'.  
(Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-entry: Old Well Info as follows:

Operator: Berexco LLC.

Well Name: Westhusin Unit A11

Original Comp. Date: \_\_\_\_\_ Original Total Depth: 3586

Deepening     Re-perf.     Conv. to Enhr.     Conv. to SWD

Plug Back: \_\_\_\_\_ Plug Back Total Depth

Commingled    Docket No.: 27373

Dual Completion    Docket No.: \_\_\_\_\_

Other (SWD or Enhr.?)    Docket No.: \_\_\_\_\_

3-3-10    3-04-10    3-05-10

Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 163-30210-00-02

Spot Description: \_\_\_\_\_

N/2 NE SE Sec. 11 Twp. 9S S. R. 17  East  West

2310' Feet from  North /  South Line of Section

660 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE     NW     SE     SW

County: Rooks

Lease Name: Westhusin Unit A Well #: 11

Field Name: Westhusin

Producing Formation: NA

Elevation: Ground: 2009 Kelly Bushing: 2014

Total Depth: 3800 Plug Back Total Depth: 3800

Amount of Surface Pipe Set and Cemented at: In Place 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/ \_\_\_\_\_ <sup>sx cmf.</sup> W-Dlg-3/17/10

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: 300 bbls

Dewatering method used: Evaporation

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: Bruce Meyer

Title: Division Engineer Date: 3-9-10

Subscribed and sworn to before me this 9th day of March

20 10

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

Notary Public: Diana E Bell

Date Commission Expires: Aug 10, 2011

**KCC Office Use ONLY**

N Letter of Confidentiality Received  
If Denied, Yes  Date: \_\_\_\_\_

\_\_\_\_\_ Wireline Log Received

\_\_\_\_\_ Geologist Report Received

\_\_\_\_\_ UIC Distribution

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MAR 15 2010  
KCC WICHITA

Operator Name: Berexco LLC. Lease Name: Westhusin Unit A Well #: 11  
 Sec. 11 Twp. 9S S. R. 17  East  West County: Rooks

**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 checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" 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 _____ Plug Back TD _____ Plug Off Zone				

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

TUBING RECORD:	Size: 2 7/8 inch plastic lined.	Set At: AD-1 at 3420'	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. 3-5-10	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**MAR 15 2010**  
**KCC WICHITA**