

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO. 15- 193-20,165 0001 **ORIGINAL**

County Thomas
- C - NE - NW Sec. 3 Twp. 10S Rge. 33W X ^E _W

660 Feet from X/N (circle one) Line of Section
1980 Feet from X/W (circle one) Line of Section

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

Lease Name Berardo Well # 7

Field Name Berardo

Producing Formation Lansing

Elevation: Ground 3140 KB 3145

Total Depth 4365 PBSD 4236

Amount of Surface Pipe Set and Cemented at 408 Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan REWORK 8/94 1-31-95
(Data must be collected from the Reserve Pit)

Chloride content NA ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite:
RELEASED

Operator Name _____

Lease Name _____ License No. _____

Quantity SEP Twp. SEP S Rng. _____ E/W

County _____ Docket No. _____
CONFIDENTIAL

Operator: License # 4629

Name: BRITO OIL COMPANY, INC.

Address 120 S. Market, Suite 300

Wichita, KS 67202

City/State/Zip _____

Purchaser: Koch Oil Company

Operator Contact Person: Raul F. Brito

Phone (316) 263-8787

Contractor: Name: Poe Service, Inc.

License: 3152

Wellsite Geologist: NA

Designate Type of Completion
_____ New Well _____ Re-Entry X Workover

X Oil _____ SWD _____ SIOW _____ Temp. Abd.
_____ Gas _____ ENHR _____ SIGW
_____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: Brito Oil Co., Inc.

Well Name: #7 Berardo

Comp. Date _____ Old Total Depth _____

X Deepening X Re-perf. _____ Conv. to Inj/SWD
X Plug Back 4236 PBSD
_____ Commingled _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
_____ Other (SWD or Inj?) _____ Docket No. _____

7/12/94 7/26/94

7/12/94 Date of START Date Reached TD Completion Date of WORKOVER

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 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 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 President Date 9/15/94

Subscribed and sworn to before me this 15 day of September,
19 94

Notary Public Betty M. Abbott
Date Commission Expires 1-22-95

K.C.C. OFFICE USE ONLY
F X Letter of Confidentiality Attached
C X Wireline Log Received
C _____ Geologist Report Received
Distribution
X KCC _____ SMD/Rep _____ NGPA
_____ KGS _____ Plug _____ Other
(Specify)

BETTY M. ABBOTT
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 1-22-95

Rec'd
9/16/94
KCC

Operator Name Brito Oil Company, Inc. Lease Name Berardo Well # 7

Sec. 3 Twp. 10S Rge. 33W East County Thomas
 West

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 pressures, whether shut-in pressure reached static level, hydrostatic pressures, 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 (Attach Additional Sheets.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datums	<input checked="" 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	ANH 2643 +502		
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	B/ANH 2671 +474		
		HEEB 4023 -882		
		TORO 4048 -903		
		LANS 4064 -922		
		STARK 4287 -1142		
		BKC 4343 -1198		

List All E.Logs Run: Correlation Bond Log)
 OLD LOG DST'S
 DST #1 4234-4368 30-45-45-60, 500' GIP, 375' SMGO,
 SIP 245-245, FP 41-106, 114-163
 DST #2 4283-4322 30-45-45-60, 280' GIP, 90' VHOCM, SIP
 1310-1310, FP 33-49, 49-65

CASING RECORD <input checked="" 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
Production	7 7/8"	4 1/2"	10.5	4364'	60/40 poz	125	None

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<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/Type Specify Footage of Each Interval Perforated		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth	
	3 shots/ft	4149-52	250 gal MCA 15%HCL	4149-52
" "	4118-22	None		
	CIB @ 4236			

TUBING RECORD	Size 2 3/8	Set At 4233' KB	Packer At None	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. 7/27/94	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls. 49	Gas -0- Mcf	Water Bbls. 126	Gas-Oil Ratio Gravity 36°

Disposition of Gas: **METHOD OF COMPLETION** Production Interval 4149-52 & 4118-22

Vented Sold Used on Lease (If vented, submit ACO-18.) Open Hole Perf. Dually Comp. Commingled _____

Other (Specify) _____