



KANSAS CORPORATION COMMISSION 1051125
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34318
Name: BEREXCO LLC
Address 1: 2020 N. BRAMBLEWOOD
Address 2: _____
City: WICHITA State: KS Zip: 67206 + 1094
Contact Person: Bruce Meyer
Phone: (316) 265-3311
CONTRACTOR: License # 34318
Name: BEREXCO LLC
Wellsite Geologist: N/A
Purchaser: N/A

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., etc.): _____

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

Operator: Sierra Petroleum
Well Name: Kanzelmeyer #3

Original Comp. Date: 12/13/1985 Original Total Depth: 3632

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

| | | |
|-----------------------------------|-------------------|---|
| <u>04/15/2000</u> | <u>11/15/1985</u> | <u>04/15/2000</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-147-20490-00-01

Spot Description: _____

NE SE SW Sec. 6 Twp. 2 S. R. 18 East West
990 Feet from North / South Line of Section
2,970 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Phillips

Lease Name: KANZELMEYER Well #: 3

Field Name: Huffstutter

Producing Formation: Lansing/KC, Topeka, Toronto

Elevation: Ground: 2211 Kelly Bushing: 2216

Total Depth: 3632 Plug Back Total Depth: 3587

Amount of Surface Pipe Set and Cemented at: 303 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 1790 Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that 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.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

ALT I II III Approved by: Deanna Garrison Date: 02/25/2011



1051125

Operator Name: BEREXCO LLC Lease Name: KANZELMEYER Well #: 3
 Sec. 6 Twp. 2 S. R. 18 East West County: Phillips

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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No

(If no, Submit Copy)

List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample

| Name | Top | Datum |
|-----------------------|------|-------|
| Topeka | 3100 | -884 |
| Heebner | 3317 | -1101 |
| Toronto | 3343 | -1127 |
| Lansing/KS City (top) | 3360 | -1144 |
| Lansing/KC (base) | 3583 | -1367 |
| Rotary TD | 3630 | -1414 |
| Logger TD | 3632 | -1416 |

| 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 |
| Surface | 12.250 | 8.625 | 23 | 303 | Common | 180 | 2%gel, 3%CC |
| Production | 7.875 | 5.50 | 15.5 | 3629 | Common | 175 | 10%salt,5sxSaltPlug |
| DV Tool | 7.875 | 5.50 | 14.0 | 1780 | Common | 500 | 7% gel |

| 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 (Amount and Kind of Material Used) | Depth |
|----------------|---|---|-----------|
| 4 | 3167-3170 | 1000 gals 15% NE/FE | 3167-3170 |
| 4 | 3344-3348, 3361-3364 | 1000 gals 15% NE/FE | 3344-3364 |
| | | | |
| | | | |

| | | | | | |
|---|-------------|--|---------------|-------------------|--|
| TUBING RECORD: | | Size: none | Set At: none | Packer At: no pkr | Liner Run: <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Other (Explain) <u>TA'd</u> | | | |
| Estimated Production Per 24 Hours | Oil Bbls. 0 | Gas Mcf 0 | Water Bbls. 0 | Gas-Oil Ratio | Gravity |

| | | |
|--|--|--|
| DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.) | METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|--|--|--|