

CONFIDENTIAL ON SOME STICK FORM

1061707

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	API No. 15 - 15-055-22105-00-00
Name: BEREXCO LLC	Spot Description:
Address 1: 2020 N. BRAMBLEWOOD	<u>W2_E2_E2_NE</u> Sec. 19 Twp. 26 S. R. 33 ☐ East West
Address 2:	1320 Feet from ✓ North / ☐ South Line of Section 350 Feet from ✓ East / ☐ West Line of Section
Contact Person:Evan Mayhew	Footages Calculated from Nearest Outside Section Corner: NE
CONTRACTOR: License # 34318 Name: BEREXCO LLC	Lease Name: Stone Well #: 1-19
Wellsite Geologist: Ed Grieves Purchaser: Central Crude Corp.	Field Name: Ivanhoe Extension Producing Formation: Marmaton
Designate Type of Completion: New Well	Elevation: Ground: 2925 Kelly Bushing: 2938 Total Depth: 5314 Plug Back Total Depth: 5268 Amount of Surface Pipe Set and Cemented at: 1792 Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: 3220 Feet If Alternate II completion, cement circulated from: sx cmt
Operator:	Drilling Fluid Management Plan (Deta must be collected from the Reserve Pit) Chloride content: 9000 ppm Fluid volume: 1500 bbls Dewatering method used: Evaporated

AFFIDAVIT

Permit #:

Permit #: ___

Permit #: ___

Permit #: __

07/10/2011

Date Reached TD

Permit #: _

_ Plug Back Total Depth

08/09/2011

Completion Date or

Recompletion Date

I am the affiant and I hereby certify that all requirements of the statutes, rules and regutations 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

Plug Back:

Commingled

☐ SWD

☐ ENHR

GSW

Recompletion Date

06/21/2011

Spud Date or

Dual Completion

KCC Office Use ONLY	
Letter of Confidentiality Received Date: 08/23/2011	
Confidential Release Date:	
✓ Wireline Log Received ✓ Geologist Report Received	
UIC Distribution ALT Approved by: NAOMI JAMES Date: 08/24/2016	

Location of fluid disposal if hauled offsite:

Lease Name: _____ License #:____

_____ Permit #:____

Operator Name: _____