



CONFIDENTIAL

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 # 33905
 Name: Royal Drilling Inc
 Wellsite Geologist: Jeff Lawler - Solutions Consulting, Hays, KS
 Purchaser: Central Crude Corporation

Designate Type of Completion:

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

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

Operator: _____
 Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- 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>05/23/2011</u> | <u>05/31/2011</u> | <u>06/30/2011</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-009-25543-00-00

Spot Description: _____
SW NW SE NW Sec. 22 Twp. 16 S. R. 12 East West
1850 Feet from North / South Line of Section
1490 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Barton

Lease Name: Morgan Well #: Z1

Field Name: Kraft-Prusa

Producing Formation: Lansing-KS City & Plattsmouth

Elevation: Ground: 1919 Kelly Bushing: 1927

Total Depth: 3455 Plug Back Total Depth: 3443

Amount of Surface Pipe Set and Cemented at: 436 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.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 72000 ppm Fluid volume: 600 bbls

Dewatering method used: Evaporated

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: 08/23/2011
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 08/24/2011