

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

Operator: License # 5363
 Name: BEREXCO INC.
 Address 100 N. Broadway, Suite 970
 City/State/Zip Wichita, KS 67202
 Purchaser: Central Crude Corporation
 Operator Contact Person: Leon Rodak
 Phone (316) 265-3311
 Contractor: Name: BEREXCO INC.
 License: 5363
 Wellsite Geologist: None
 Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SLOW Temp. Abd.
 Gas EMHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: OKMAR
 Well Name: Roush #4
 Comp. Date 12/2/84 Old Total Depth 4002
 * NEW INFO XXX RENAMED Well
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. E-27364
4/16/98 4/17/98
 Spud Date Date Reached TD Completion Date

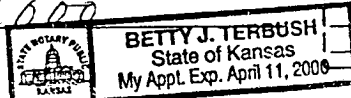
API NO. 15- 171-20287-0001
 County Scott
NW SE NW sec. 20 Twp. 17S Rge. 31 X E
3510 Feet from (S)M (circle one) Line of Section
3510 Feet from (E)W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (NE, SE, NW or SW (circle one))
 (Formerly Roush #4)
 Lease Name Brookover Unit Well # 4-20
 Field Name Brookover
 Producing Formation Kansas City
 Elevation: Ground 2938 KB 2943
 Total Depth 4002 PBDT NA
 Amount of Surface Pipe Set and Cemented at 299 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set 2241 Feet
 If Alternate II completion, cement circulated from 2241
 feet depth to Surface w/ 550 sx cat.
 Drilling Fluid Management Plan Rework, 6-10-98 U.C.
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume _____ bbls
 Dewatering method used _____
 Location of fluid disposal offsite:
 Operator Name _____
 Lease Name _____ License No. _____
 Quarter _____ Sec. _____ S Rng. _____ E/W _____
 County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 Leon Rodak Leon Rodak
 Title Division Production Engineer Date 4/21/98
 Subscribed and sworn to before me this 21st day of April
19 98
 Notary Public Betty J. Terbush
 Date Commission Expires April 11, 2000

K.C.C. OFFICE USE ONLY		
F	Letter of Confidentiality Attached	
C	Wireline Log Received - <u>UK Section</u>	
C	Geologist Report Received	
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug
		<input type="checkbox"/> NGPA
		<input type="checkbox"/> Other
		(Specify)



ORIGINAL

Operator Name BEREXCO INC. Lease Name BROOKOVER UNIT Well # 4-20 INJ.

Sec. 20 Twp. 17S Rge. 31 East West
County SCOTT

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table border="1"> <thead> <tr> <th>Name</th> <th>Top</th> <th>Datum</th> </tr> </thead> <tbody> <tr> <td>TORONTO</td> <td>3884</td> <td>- 941</td> </tr> <tr> <td>LANSING/KANSAS CITY</td> <td>3908</td> <td>- 965</td> </tr> </tbody> </table>	Name	Top	Datum	TORONTO	3884	- 941	LANSING/KANSAS CITY	3908	- 965
Name	Top		Datum								
TORONTO	3884		- 941								
LANSING/KANSAS CITY	3908		- 965								
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
List All E.Logs Run:											

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
Surface	12 3/4	8 5/8	23	299	60/40 Poz	225	3% Cacl 2% Gel
Production	8 7/8	5 1/2	14	3995	60/40 Poz	150	2% Gel 18% Salt

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Surface/ 2241	Halliburton Lite	550	Lite Blend

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used) Depth

TUBING RECORD	Size <u>2 3/8 PL</u>	Set At <u>3920</u>	Packer At <u>3920</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Inj.] <u>Passed MIT 4/17/98</u>	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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Disposition of Gas: <u>None</u>	METHOD OF COMPLETION	INJECTION PRODUCTION Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	<input checked="" type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)	<u>3945-48 (PERFS)</u> <u>3995-4002 (OH)</u>