



KANSAS CORPORATION COMMISSION 1073952
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 SLOW
- 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: Sohio Petroleum Company

Well Name: Stewart #1

Original Comp. Date: 02/07/1935 Original Total Depth: 3228

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: 0 Plug Back Total Depth
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

06/29/2011 07/09/2011 07/09/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-167-19277-00-04

Spot Description: _____
_____NE_____SE_____SE Sec. 17 Twp. 11 S. R. 15 East West
990 Feet from North / South Line of Section
330 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Russell

Lease Name: Stewart Well #: 1

Field Name: Fairport

Producing Formation: N/A

Elevation: Ground: 1896 Kelly Bushing: 1903

Total Depth: 2725 Plug Back Total Depth: 0

Amount of Surface Pipe Set and Cemented at: 2696 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: _____ 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: Osenna Gamior Date: 02/14/2012



1073952

Operator Name: BEREXCO LLC Lease Name: Stewart Well #: 1
 Sec. 17 Twp. 11 S. R. 15 East West County: Russell

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum N/A
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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

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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input 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 type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls. Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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ALLIED CEMENTING CO., LLC. 035910

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT
Russell

DATE <u>7/9/11</u>	SEC <u>17</u>	TWP. <u>11</u>	RANGE <u>15</u>	CALLED OUT	ON LOCATION	JOB START <u>9:15 A</u>	JOB FINISH <u>9:45 A</u>
LEASE <u>Hince</u>	WELL # <u>23X</u>	LOCATION <u>Garhan 1/2 N to End of</u>			COUNTY <u>Russell</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		<u>Block top 3/4 N 1/2 E N + W into</u>					

CONTRACTOR Ca Tools
 TYPE OF JOB PTA
 HOLE SIZE _____ T.D. _____
 CASING SIZE 8 7/8" DEPTH 40'
 TUBING SIZE 2 3/8" DEPTH 2725'
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER _____
 CEMENT AMOUNT ORDERED 6.85 6% 42 Gal
hulls
 COMMON 411 @ 16.25 6,678.75
 POZMIX 274 @ 8.50 2,329.00
 GEL 23 @ 21.25 488.75
 CHLORIDE @ _____
 ASC @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING 708 @ 2.25 1,593.00
 MILEAGE 11/16/mile 856.68
 TOTAL 12,442.98

EQUIPMENT

PUMP TRUCK	CEMENTER <u>Shane</u>
# <u>417</u>	HELPER <u>Mark</u>
BULK TRUCK	
# <u>481</u>	DRIVER <u>Nick</u>
BULK TRUCK	
# <u>473</u>	DRIVER <u>Tony</u>

REMARKS:
2725' 100 stk with 200# hulls
1700' 150 stk with 200# hulls
1050' 150 stk with 200# hulls
500' Circulate Cement Pak
255' 200# Conc put of
Hole Topped off with
300stk.

CHARGE TO: Baexa
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	
PUMP TRUCK CHARGE	<u>1250.00</u>
EXTRA FOOTAGE	@ _____
MILEAGE <u>22</u>	@ <u>7.00</u> <u>154.00</u>
MANIFOLD	@ _____
<u>CON</u> <u>22</u>	@ <u>4.00</u> <u>88.00</u>
	@ _____

TOTAL 1492.00

2786.99
 11,147.99
 PLUG & FLOAT EQUIPMENT

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME _____
 SIGNATURE Dennis Kimes

_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____
 SALES TAX (If Any) _____
 TOTAL CHARGES 13,934.98
 DISCOUNT 20% IF PAID IN 30 DAYS
