



KANSAS CORPORATION COMMISSION 1073810
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

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

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 # 34317
Name: BEREDCO LLC
Wellsite Geologist: William B. Bynog
Purchaser: _____

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: _____

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>12/18/2011</u>	<u>12/24/2011</u>	<u>01/31/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-167-23739-00-00

Spot Description: _____

SE NE SW Sec. 16 Twp. 11 S. R. 15 East West
1650 Feet from North / South Line of Section
2310 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Russell

Lease Name: Hines Unit Well #: 19X

Field Name: _____

Producing Formation: Topeka, Plattsmouth, Toronto, LKC

Elevation: Ground: 1915 Kelly Bushing: 1926

Total Depth: 3440 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 310 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 1035 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: 36000 ppm Fluid volume: 200 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: 02/14/2012
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 02/14/2012