



KANSAS CORPORATION COMMISSION 1073769
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: Evan Mayhew
Phone: (316) 265-3311
CONTRACTOR: License # 34317
Name: BEREDCO LLC
Wellsite Geologist: Macklin M. Armstrong
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 (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>01/10/2012</u>	<u>01/23/2012</u>	<u>03/19/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-057-20773-00-00
Spot Description: _____
SE NE SW NE Sec. 27 Twp. 27 S. R. 24 East West
1752 Feet from North / South Line of Section
1452 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ford
Lease Name: Roesener Well #: 1-27
Field Name: Witroads North
Producing Formation: Pawnee
Elevation: Ground: 2521 Kelly Bushing: 2534
Total Depth: 5194 Plug Back Total Depth: 5108
Amount of Surface Pipe Set and Cemented at: 596 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1520 Feet
If Alternate II completion, cement circulated from: _____
feet depth to: _____ w/ _____ sx crnt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 17800 ppm Fluid volume: 1000 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: 04/05/2012

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 04/09/2012