

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

2/19/12

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34318
Name: Berexco LLC
Address 1: P.O. Box 20380
Address 2: _____
City: Wichita State: KS Zip: 67208 + 1380
Contact Person: Evan Mayhew
Phone: (316) 265-3311
CONTRACTOR: License # 34317
Name: Beredco LLC
Wellsite Geologist: Jim Hickman
Purchaser: N/A

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 Dry Other _____
(Core, WSW, Expl., Cathodic, 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
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Docket No.: _____
 Dual Completion Docket No.: _____
 Other (SWD or Enhr.?) Docket No.: _____
28 Nov. 2009 07 Dec. 2009 08 Dec. 2009
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-025-21490-0000
Spot Description: _____
SW SE NE SE Sec. 4 Twp. 30 S. R. 22 East West
1450 Feet from North / South Line of Section
429 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Clark

Lease Name: Charlotte Well #: 1-4
Field Name: Wildcat
Producing Formation: N/A
Elevation: Ground: 2422 Kelly Bushing: 2435
Total Depth: 5500 Plug Back Total Depth: N/A
Amount of Surface Pipe Set and Cemented at: 611 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 PAN 226-10
(Data must be collected from the Reserve Pit)
Chloride content: 4800 ppm Fluid volume: 6000 bbls
Dewatering method used: evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name: Roberts Resources
Lease Name: Mary SWD License No.: 32781
Quarter NE Sec. 16 Twp. 29 S. R. 18 East West
County: Kiowa Docket No.: D-28396

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, 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 of 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: Richard C. Smith
Title: Engineering Technician Date: 18 February, 2010
Subscribed and sworn to before me this 18 day of February
20 10
Notary Public: Diana E. Bell
Date Commission Expires: Aug 10, 2011

DIANA E. BELL
Notary Public - State of Kansas
My Appt. Expires 8-10-11

KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received

 Geologist Report Received

 UIC Distribution
RECEIVED
FEB 23 2010

KCC WICHITA

Operator Name: Berexco LLC Lease Name: Charlotte Well #: 1-4
 Sec. 4 Twp. 30 S. R. 22 East West County: Clark

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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 copy of all Electric Wireline 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Compensated Density / Neutron PE Log & Dual Induction Log (e-mailed to: kcc-well-logs@kcc.ks.gov)	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;">Name</th> <th style="width:15%;">Top</th> <th style="width:15%;">Datum</th> </tr> </thead> <tbody> <tr> <td>Heebner</td> <td>4403</td> <td>(-1969)</td> </tr> <tr> <td>Toronto</td> <td>4420</td> <td>(-1986)</td> </tr> <tr> <td>Lansing</td> <td>4585</td> <td>(-2151)</td> </tr> <tr> <td>KS City</td> <td>4816</td> <td>(-2382)</td> </tr> <tr> <td>Pawnee</td> <td>5149</td> <td>(-2715)</td> </tr> <tr> <td>Mississippi</td> <td>5352</td> <td>(-2918)</td> </tr> </tbody> </table>	Name	Top	Datum	Heebner	4403	(-1969)	Toronto	4420	(-1986)	Lansing	4585	(-2151)	KS City	4816	(-2382)	Pawnee	5149	(-2715)	Mississippi	5352	(-2918)
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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 1/4"	8 5/8"	23#	611	60/40 POZ	200	8%gel,3%cc,1/4#flake
					Common	100	2%gel,3%cc,1/4#flake
					Class A	100	2% gel

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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

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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 <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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ALLIED CEMENTING CO., LLC. 043019

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

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SERVICE POINT:
Medicine Lodge, KS

DATE <u>1/29/09</u>	SEC. <u>04</u>	TWP. <u>30s</u>	RANGE <u>22w</u>	CALLED OUT <u>4:00 AM</u>	ON LOCATION <u>7:00 PM</u>	JOB START <u>2:30 PM</u>	JOB FINISH <u>10:00 PM</u>
LEASE <u>Charlotte</u>		WELL # <u>1-4</u>	LOCATION <u>Kingsdown, KS, 5s, 13/4e, N/into</u>		COUNTY <u>Clark</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Baredco #2 OWNER Berexco

TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 616
 CASING SIZE 8 5/8 DEPTH 615
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 750 MINIMUM —
 MEAS. LINE SHOE JOINT 42
 CEMENT LEFT IN CSG. 42'
 PERFS.
 DISPLACEMENT 37 Bbls Fresh H₂O

CEMENT
 AMOUNT ORDERED 200sx 60:40:8% gel + 3% cc + 1/4" Flo Seal #200sx "A" + 3% cc + 2% gel & 100sx "A" + 2% cc

COMMON <u>300 sx</u>	@ <u>15.45</u>	<u>4635.00</u>
POZMIX	@	
GEL <u>4 sx</u>	@ <u>20.80</u>	<u>83.20</u>
CHLORIDE <u>16 sx</u>	@ <u>58.20</u>	<u>931.20</u>
ASC	@	
Lite weight <u>200 sx</u>	@ <u>14.05</u>	<u>2810.00</u>
Flo Seal <u>100</u>	@ <u>2.50</u>	<u>250.00</u>

EQUIPMENT
 PUMP TRUCK CEMENTER D. Felio
 # 471-302 HELPER S. Priddy
 BULK TRUCK
 # 363-314 DRIVER M. Thimesch
 BULK TRUCK
 # 381-250 DRIVER M. Thimesch

HANDLING <u>200</u>	@ <u>2.40</u>	<u>480.00</u>
MILEAGE		<u>500.00</u>
		TOTAL <u>9689.40</u>

REMARKS:

Pipe on Btm, Break Circ., Pump Fresh H₂O Spans, Mix 200sx Lite Weight Cement, Mix 100sx tail Cement, Stop Pump, Release Plug, Start Disp. w/ Fresh H₂O, Wash up on top of Plug, See Steady increase in Lfr PST, Slow Rate, Bump Plug at 37 Bbls total Disp, Release PST, Float Did Hold, But Cement Did NOT Circ, Run 100' of 1", Mix 100sx A-3 & 2, Did not Top off, Run in 60' of 1", Mix 100sx "A" 2 place to top off, cement did circ!!

SERVICE

DEPTH OF JOB <u>615</u>		
PUMP TRUCK CHARGE		<u>1018.00</u>
EXTRA FOOTAGE	@	
MILEAGE <u>50</u>	@ <u>7.00</u>	<u>350.00</u>
MANIFOLD	@	

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

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TOTAL 1368.00

PLUG & FLOAT EQUIPMENT

1- Guide Shoe	@	<u>250.00</u>
1- AFU insert	@	<u>158.00</u>
1- TRP	@	<u>113.00</u>

TOTAL 521.00

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 Gilbert Davila Jr

SIGNATURE Gilbert Davila Jr

SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS