

CONFIDENTIAL

KANSAS CORPORATION COMMISSION 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 | API No. 15 - 15-167-23777-00-00 |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Name: BEREXCO LLC | Spot Description: |
| Address 1: 2020 N. BRAMBLEWOOD | SE_NE_NW_NE_Sec. 31 Twp. 14 S. R. 14 ☐ East West |
| Address 2: | 425 Feet from V North / South Line of Section |
| City: WICHITA State: KS Zip: 67206 + 1094 | Feet from ☑ East / ☐ West Line of Section |
| Contact Person: Bruce Meyer | Footages Calculated from Nearest Outside Section Corner: |
| Phone: (316) 265-3311 | ☑NE □NW □SE □SW |
| CONTRACTOR: License # | County: Russell |
| Name: BEREDCO LLC | Lease Name: Solbach North Well #: 4 |
| Wellsite Geologist: William B. Bynog | Field Name: Gorham |
| Purchaser: _Central Crude Corporation | Producing Formation: Plattsmouth, LKC |
| Designate Type of Completion: | Elevation: Ground: 1776 Kelly Bushing: 1788 |
| ✓ New Well | Total Depth: 3276 Plug Back Total Depth: |
| ☐ ☐ WSW ☐ SWD ☐ SIOW | Amount of Surface Pipe Set and Cemented at: 810 Feet |
| ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW | Multiple Stage Cementing Collar Used? ☐ Yes ☑ No |
| ☐ OG ☐ GSW ☐ Temp. Abd. | If yes, show depth set:Feet |
| CM (Coal Bed Methane) | If Alternate II completion, cement circulated from: |
| Cathodic Other (Core, Expl., etc.): | feet depth to:w/sx cmt. |
| If Workover/Re-entry: Old Well Info as follows: | leet depth to: \$x cmi. |
| Operator: | |
| Well Name: | Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) |
| Original Comp. Date: Original Total Depth; | |
| ☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWI | Chloride content: 8100 ppm Fluid volume: 600 bbls |
| Conv. to GSW | Dewatering method used: Evaporated |
| Plug Back: Plug Back Total Depth | Location of fluid disposal if hauled offsite: |
| Commingled Permit #: | One section Manager |
| Dual Completion Permit #: | Operator Hame. |
| SWD Permit #: | |
| ENHR Permit #: | Quarter Sec TwpS. R |
| GSW Permit #: | County: Permit #: |
| 02/26/2012 03/03/2012 04/06/2012 | |
| Spud Date or Pate Reached TD Completion Date or Recompletion Date Recompletion Date | |

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: 05/14/2012 | |
| Confidential Release Date: | |
| ✓ Wireline Log Received | |
| ✓ Geologist Report Received | |
| UIC Distribution | |
| ALT II III Approved by: MAOMI JAMES Date: 05/15/2012 | |