



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

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 # 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>04/14/2012</u>	<u>04/22/2012</u>	<u>05/16/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-065-23825-00-00

Spot Description: _____

NW SW NE NE Sec. 23 Twp. 9 S. R. 21 East West

740 Feet from North / South Line of Section

1000 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Graham

Lease Name: Balthazor A Well #: 3

Field Name: Morel

Producing Formation: N/A

Elevation: Ground: 2227 Kelly Bushing: 2238

Total Depth: 4188 Plug Back Total Depth: 4188

Amount of Surface Pipe Set and Cemented at: 328 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 1748 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: 78000 ppm Fluid volume: 400 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: 06/06/2012
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 06/07/2012