



KANSAS CORPORATION COMMISSION 1089756
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 # 6131
Name: Drillers & Producers, Inc.
Address 1: PO BOX 385
Address 2: _____
City: NEWTON State: KS Zip: 67114 + 0385
Contact Person: Bill Hanson
Phone: (316) 841-0022
CONTRACTOR: License # 32701
Name: C & G Drilling, Inc.
Wellsite Geologist: Frank Mize
Purchaser: coffeyville resources

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 #: _____
05/01/2012 05/04/2012 06/12/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-115-21429-00-00
Spot Description: _____
SE NW NE NW Sec. 9 Twp. 22 S. R. 4 East West
351 Feet from North / South Line of Section
1861 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Marion
Lease Name: BERRY Well #: 5
Field Name: Peabody
Producing Formation: Hunton
Elevation: Ground: 1439 Kelly Bushing: 1448
Total Depth: 2550 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 210 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
(Data must be collected from the Reserve Pit)
Chloride content: 00 ppm Fluid volume: 00 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: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garriso Date: 08/15/2012



1089756

Operator Name: Drillers & Producers, Inc. Lease Name: BERRY Well #: 5
 Sec. 9 Twp. 22 S. R. 4 East West County: Marion

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 complete copy of all Electric Wire-line 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 type="checkbox"/> Yes <input checked="" 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 Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: DIL CNL CDL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Lansing</td> <td>1836</td> <td>-385</td> </tr> <tr> <td>BKC</td> <td>2187</td> <td>-739</td> </tr> <tr> <td>Mississippian</td> <td>2322</td> <td>-871</td> </tr> <tr> <td>Kinderhook</td> <td>2368</td> <td>-920</td> </tr> <tr> <td>Hunton</td> <td>2489</td> <td>-1039</td> </tr> <tr> <td>Viola</td> <td>2517</td> <td>-1068</td> </tr> </table>	Name	Top	Datum	Lansing	1836	-385	BKC	2187	-739	Mississippian	2322	-871	Kinderhook	2368	-920	Hunton	2489	-1039	Viola	2517	-1068
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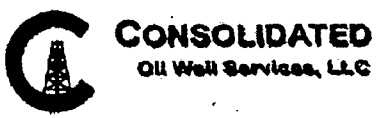
CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Production	7.875	5.50	15.5	2442	Thickset	150	kol-seal, Poly
Surface	12.25	8.625	24.0	211	A	125	2%gel, 1/2lb poly

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size: <u>2 7/8"</u>	Set At: <u>2465</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>06/14/2012</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____		
Estimated Production Per 24 Hours	Oil Bbls. <u>20</u>	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 checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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ENTERED

TICKET NUMBER 36148
LOCATION 180
FOREMAN Larry Storm

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT API-15-115-21429-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-4-12	3090	Berry #5	9	22	4E	Malheur

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Wright & Associates Mailing Address P.O. Box 385 City Newton KS ZIP CODE 67114	539	Larry		
	603	Jeff		
	502	Steve		
	434	Bill		

JOB TYPE Flow B HOLE SIZE 7/8 HOLE DEPTH 2549 CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH 2543 DRILL PIPE TUBING OTHER Float 2534
 SLURRY WEIGHT 15.0 SLURRY VOL 44 WATER gal/sk 7.0 CEMENT LEFT in CASING 8 ft shoe off
 DISPLACEMENT 60.33 DISPLACEMENT PSI 825 MIX PSI 0 RATE 8.2 bbls

REMARKS: Digger up to 5 1/2' Cas - Pumped 5 bbls Freshwater - 12 bbls
Mud Flush - 5 bbls Freshwater - Max 150 lbs Thick-set + 5 lbs
Kol-seal + 1/4 lb Poly-Flake - flushed pump & lines - Displaced 60 bbls
Solignum plug at 1250 lbs - Released float valve.

ACCOUNT CODE	QUANTITY of UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	28	MILEAGE		
1126A	150	lbs Thick-set		
1110A	750	lbs Kol-seal		
1107	50	lbs Poly		
1144G	500	gals Mud Flush		
1123	3	100 gal Water		
5407	1	Bulk Delivery		
5502	4	80 VAC		
4310	1	8 ft shoe off		
4159	1	5 1/2 APU float shoe		
4154	1	5 1/2 Latch down		
4104	2	2 1/2 Cement Baskets		
4130	6	2 1/2 Cement Baskets		

Ravin 3737

BO Roy TITLE 249660

SALES TAX
ESTIMATED
TOTAL

AUTHORIZATION _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

