



KANSAS CORPORATION COMMISSION 1090257
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
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 # 34318
Name: BEREXCO LLC
Wellsite Geologist: N/A
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: Berexco LLC
Well Name: Knoll North Unit W-2 SWD
Original Comp. Date: 12/31/1966 Original Total Depth: 4060
 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 #: _____

07/19/2012 07/19/2012
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-065-20014-00-02
Spot Description: _____
SE NW NE SW Sec. 32 Twp. 8 S. R. 25 East West
2083 Feet from North / South Line of Section
3426 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Graham
Lease Name: KNOLL NORTH UNIT (WALZ) Well #: 2
Field Name: Knoll North Field
Producing Formation: N/A (SWD)
Elevation: Ground: 2514 Kelly Bushing: 2519
Total Depth: 4080 Plug Back Total Depth: 4050
Amount of Surface Pipe Set and Cemented at: 215 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: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____
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 Gambor Date: 08/14/2012



1090257

Operator Name: BEREXCO LLC Lease Name: KNOLL NORTH UNIT (WALZ) Well #: 2
 Sec. 32 Twp. 8 S. R. 25 East West County: Graham

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum N/A workover - cemented liner
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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
Liner	5.50	4.50	10.5	3600	60/40 POZ	245	4% gel, 2% CC

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>2.875</u>	Set At: <u>3585</u>	Packer At: <u>3585</u>	Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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) _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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 <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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QUALITY WELL SERVICE, INC.

5607

Home Office 324 Simpson St., Pratt, KS 67124

Heath's Cell 620-727-3410
Office / Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date <u>7-16-12</u>	Sec. <u>32</u>	Twp. <u>8</u>	Range <u>25</u>	County <u>Graham</u>	State <u>KS</u>	On Location	Finish <u>3:30pm - 4:00pm</u>
Lease Knoll		Well No. <u>w-2</u>		Location <u>Study US 1E 2 1/2 S Finto</u>			
Contractor <u>CO TOOLS</u>				Owner			
Type Job <u>Liner</u>				To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Hole Size		T.D.		Charge To <u>Berexco</u>			
Csg. <u>4 1/2</u>		Depth <u>3596</u>		Street			
Tbg. Size		Depth		City			
Tool		Depth		State			
Cement Left in Csg.		Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line		Displace <u>55 bbl</u>		Cement Amount Ordered <u>275sx 60/40 4% gel 2% cc</u>			
EQUIPMENT				<u>3/4 & 1% friction reducer</u>			
Pumptrk No. <u>8</u>	<u>Cody</u>		Common <u>16.5</u>				
Bulktrk No. <u>9</u>	<u>David</u>		Poz. Mix <u>110</u>				
Bulktrk No.			Gel. <u>9</u>				
Pickup No.			Calcium <u>6</u>				
JOB SERVICES & REMARKS				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
DNV or Port Collar				CFL-117 or CD110 CAF 38			
<u>Run 3596' of 4 1/2 casing</u>				Sand			
<u>Insert @ 3552</u>				Handling <u>290</u>			
				Mileage <u>60</u>			
<u>Hooked up and received circulation mixed 175sx and shut down - washed pump and lines clean Released plug and disp 55 bbl of H2O - shut in 4 1/2 @ 900psi</u>				FLOAT EQUIPMENT			
				Guide Shoe <u>Friction Reducer</u>		100 <u>100</u>	
				Centralizer <u>Deframer</u>		50 <u>50</u>	
				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				<u>4 1/2 Rubber Plug</u>			
				Pumptrk Charge <u>Liner</u>			
				Mileage <u>60</u>			
<u>Thank You!!</u>							
						Tax	
						Discount	
						Total Charge	
X Signature <u>Mal Dur</u>							