

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: Dana Wreath
Phone: (316) 265-3311
CONTRACTOR: License # 34317
Name: BEREDCO LLC
Wellsite Geologist: Ganganath Koralegedara
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>07/14/2010</u>	<u>07/24/2010</u>	<u>07/26/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-083-21656-00-00

Spot Description: _____

NW SE SW SW Sec. 20 Twp. 22 S. R. 22 East West

636 Feet from North / South Line of Section

844 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Hodgeman

Lease Name: Bamberger Well #: 13

Field Name: _____

Producing Formation: Mississippi

Elevation: Ground: 2314 Kelly Bushing: 2327

Total Depth: 4635 Plug Back Total Depth: 4570

Amount of Surface Pipe Set and Cemented at: 278 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 2669 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: 11200 ppm Fluid volume: 800 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: 11/08/2010
- Confidential Release Date: 11/07/2012
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 03/31/2011

1053036

Operator Name: BEREXCO LLC Lease Name: Bamberger Well #: 13

Sec. 20 Twp. 22 S. R. 22 East West County: Hodgeman

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 checked="" type="checkbox"/> Yes <input 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 Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Attached	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Attached Attached Attached
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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	12.25	8.625	24	278	Common	180	2% gel, 3% cc
Production	7.875	5.5	15.5	4634	ASC & Lite Thixotropoc	350	1/4#floseal,5#gilsonite
DV Tool	7.875	5.5	15.5	2617	ASC & Lite	375	1/4 # floseal

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
4	4532 - 4548 (Mississippi)	500 Gallons 15% MCA	4532 - 4548
		2250 Gallons Retarded 15% Acid	4532 - 4548

TUBING RECORD: Size: <u>2.875</u> Set At: <u>4569</u> Packer At: <u>no pkr</u>		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>11/29/2010</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>9</u>	Gas Mcf <u>0</u>	Water Bbls. <u>67</u>
		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 checked="" 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: <u>4532 - 4548</u>
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Form	ACO1 - Well Completion
Operator	BEREXCO LLC
Well Name	Bamberger 13
Doc ID	1053036

All Electric Logs Run

Microlog
Compensated Neutron PEL Density Log
Borehole Compensated Sonic Log
Dual Induction Resistivity Log

Form	ACO1 - Well Completion
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Well Name	Bamberger 13
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Tops

Anhydrite	1461	866
Chase	2372	-45
Krider	2427	-100
Heebner Sh.	3855	-1528
LKC	3913	-1586
Stark	4164	-1837
Marmaton	4289	-1962
Pawnee	4382	-2055
Ft Scott	4444	-2055
Cherokee Sh.	4468	-2141
Mississippi	4529	-2202
LTD	4630	-2303

Summary of Changes

Lease Name and Number: Bamberger 13

API/Permit #: 15-083-21656-00-00

Doc ID: 1053036

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	03/21/2011	03/31/2011
Producing Formation	N/A	Mississippi
Save Link	../..kcc/detail/operatorEditDetail.cfm?docID=1052577	../..kcc/detail/operatorEditDetail.cfm?docID=1053036