

FORM MUST BE TYPED
 STATE CORPORATION COMMISSION OF KANSAS
 OIL & GAS CONSERVATION DIVISION
 WELL COMPLETION FORM
 ACO-1 WELL HISTORY
 DESCRIPTION OF WELL AND LEASE

SIDE ONE

15-175-30012-0001

ORIGINAL

API NO. 15-175-30012-0001

CONFIDENTIAL

OPERATOR: License # 5364
 Name: BEREXCO INC
 Address: 970 FOURTH FINANCIAL CENTER
 City/State/Zip: WICHITA, KS 67202

Purchaser: Anadarko Trading Company

Operator Contact Person: Evan Mayhew

Phone (316) 265-3311

Contractor: _____

License: _____

Wellsite Geologist: _____

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.
 Gas EHHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry; oil well info as follows:

Operator: Beren Corporation

Well Name: Dodd-Madden #1

Comp. Date 6/65 Old Total Depth 6220

Deepening Re-Perf Conv. to Inj/SWD
 Plug Back 6070' PBTB
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

1-15-96 01/17/96
 Spud Date of START Date Reached TD Completion Date of
 OF WORKOVER WORKOVER

County Seward
 - - NW - SE Sec 21 Twp 33 Rge 33 E W

1980 Feet from SN (circle one) Line of Section

1980 Feet from EW (circle one) Line of Section

Footages Calculated from Nearest Outside section Corner:
 NE, SE, NW, or SW (circle one)

Lease Name Dodd Madden Well # 1

Field Name _____

Producing Formation Morrow

Elevation: Ground: 2835 KB: N/A

Total Depth 6220' PBTB 6070'

Amount of Surface Pipe Set and Cemented at 1605 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 REWORK OF 1-26-96
 (Date 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 _____

Quarter _____ Sec _____ Twp _____ Rge _____ E/W

County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas, 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-2-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 with all plugged well. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature Evan Mayhew

Title DISTRICT ENGINEER Date 01/22/96

Subscribed and sworn to before me this 22ND day of January 1996.

Notary Public Tiffany R. Reese

Date Commission Expires SEPTEMBER 19, 1999

K.C.C. OFFICE USE ONLY	
F	<input checked="" type="checkbox"/> Letter of Confidentiality Attached
C	<input type="checkbox"/> Wireline Log Received
C	<input type="checkbox"/> Geologist Report Received
Distribution	
<input checked="" type="checkbox"/> KCC	<input type="checkbox"/> SWD/Rep <input type="checkbox"/> NGPA
<input checked="" type="checkbox"/> KGS	<input type="checkbox"/> Plug <input type="checkbox"/> Other (Specify)

TIFFANY R. REESE
 NOTARY PUBLIC
 STATE OF KANSAS
 My Appt. Exp. 9-19-99

13-175-30012-0001

SIDE TWO

ORIGINAL

Operator Name BEREXCO INC
Sec 21 Twp 31 Rge 33
 East
 West

Lease Name Dodd Madden Well # 1
County Seward

CONFIDENTIAL

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressure, whether shut-in pressure reached static level, hydrostatic pressure, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MARMATON	5072	
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MORROW	5634	
List All E. Logs Run:	N/A	LOWER MORROW	5770	
		CHESTER	5842	
				RELEASED

CASING RECORD							
<input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set - conductor, surface, intermediate, production, etc.							
APR 6 1998							
FROM CONFIDENTIAL							
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 1/4"	8"		1605'	Class A	850	3% CaCl ₂
PRODUCTION	7 7/8"	4"		6220'	Premium	210	
			N/A				

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				
<input type="checkbox"/> Remedial				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	CIBP SET @ 6070'		
2	5815-24, 5782-90	2250 GALS 7 1/2% HCL	5782-5824
2	6105'-6112' [14 SHOTS TOTAL]		

TUBING RECORD	Size	Set At	Packer At	Liner Run
2-3/8		5735	5735	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj	Producing Method			
01/17/96	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimate Production Per 24 Hours	Oil	Bbls	Gas MCF	Water Bbls
				0
				Gas-Oil Ratio
				Gravity

METHOD OF COMPLETION

Disposition of Gas: Vented Sold Used on Lease

Open Hole Perf Dually Comp Commingled

Other (Specify) _____

Production Interval 5782-5824

JAN 23 1996

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