

ORIGINAL SIDE ONE

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

Operator: License # 5363

Name: BEREXCO INC.

Address 970 Fourth Financial Center

City/State/Zip Wichita, Kansas 67202

Purchaser: _____

Operator Contact Person: Evan Mayhew

Phone (316) 265-3311

Contractor: Name: BEREDCO INC.

License: 5147

Wellsite Geologist: Charles Spradlin Sr.

Designate Type of Completion

New Well Re-Entry Workover
 Oil SWD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)

If OWMO: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary Air Rotary Cable

11/21/90 12/3/90 12/5/90

Spud Date Date Reached TD Completion Date

API NO. 15- 189-21,467-00-00

County Stevens

App W/2 SW Sec. 23 Twp. 33S Rge. 37 East West

1220 Ft. North from Southeast Corner of Section

4620 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

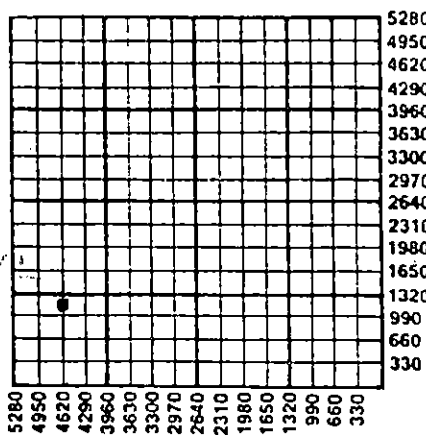
Lease Name J.R. Well # 1

Field Name Center, N.W.

Producing Formation _____

Elevation: Ground 3100 KB 3114

Total Depth 6800 PBD 0



Amount of Surface Pipe Set and Cemented at 1725 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.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 _____

Title Executive Vice President Date 12/28/90

Subscribed and sworn to before me this 28th day of December, 1990.

Notary Public Johanna S. Dobler

Date Commission Expires _____

JOHANNA S. DOBLER
Notary Public - State of Kansas
My Appt. Expires 10/31/94

K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached
 C Wireline Log Received
 C Driller's Time Log Received

STATE CORPORATION COMMISSION
 1-2-1991
 Distribution
 KCC 2/19/91
 KGS _____ SWD/Rep _____ NGPA
 _____ Plug _____ Other _____
 (Specify)

CONSERVATION DIVISION
 Wichita, Kansas

SIDE TWO

Operator Name BEREXCO INC. Lease Name J.R. Well # 1

Sec. 23 Twp. 33S Rge. 37 East West
 County Stevens

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 pressures, whether shut-in pressure reached static level, hydrostatic pressures, 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 Yes No
 (Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy.)

Formation Description

Log Sample

Name	Top	Bottom
Base Heebner	4193	
Toronto	4211	
Lansing B	4366	
Cherokee	5248	
Lower Morrow	6137	
Ste Genevieve	6385	
Total Depth	6800	

CASING RECORD New 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 1/4"	8-5/8"	23	1725	PP Lite/PP	605/150	1/4# flocele, 2% CA/ 2% CC

PERFORATION RECORD		Acid, Fracture, Shot, Cement Squeeze Record	
Shots Per Foot	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First Production _____ Producing Method Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

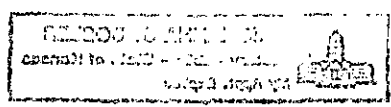
Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION

Open Hole Perforation Dually Completed Commingled

Other (Specify) _____

Production Interval _____



ORIGINAL

HALLIBURTON SERVICES
Duncan, Oklahoma 73128

A Division of Halliburton Company

MINOR 11

I. NO. - FIRM OR LEASE NAME 1-23 JR		COUNTY STEVENS	STATE KS	CITY / OFFSHORE LOCATION	DATE 11-22-90
FIRMS TO Berlexco Inc.		OWNER Same	TICKET TYPE (CHECK ONE) SERVICE <input checked="" type="checkbox"/> SALES <input type="checkbox"/>		NITROGEN JOB YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
ADDRESS		CONTRACTOR Berlexco #6	LOCATION 1 Liberal Ks		CODE 25540
STATE, ZIP		SHIPPED VIA Howeo	FREIGHT CHARGES <input type="checkbox"/> PPD <input type="checkbox"/> COLLECT	LOCATION 2 Hogoton Ks	CODE 25535
WELL TYPE 01	WELL CATEGORY 02	WELL PERMIT NO.	DELIVERED TO Loc 3 Hogoton	LOCATION 3	CODE
JOB AND PURPOSE OF JOB 010		ORDER NO. B-906822	REFERRAL LOCATION		

As consideration, the above-named Customer agrees to pay Halliburton in accord with the rates and terms stated in Halliburton's current price lists. Invoices payable NET by the 20th of the following month after date of invoice. Upon Customer's default in payment of Customer's account by the last day of the month following the month in which the invoice is dated, Customer agrees to pay interest thereon after default at the highest lawful contract rate applicable, but never to exceed 18% per annum. In the event it becomes necessary to employ an attorney to enforce collection of said account, Customer agrees to pay all collection costs and attorney fees in the amount of 20% of the amount of the unpaid account. These terms and conditions shall be governed by the law of the state where services are performed or equipment or materials are furnished.

Halliburton warrants only title to the products, supplies and materials and that the same are free from defects in workmanship and materials. THERE ARE NO WARRANTIES, EXPRESS OR IMPLIED, OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE OR OTHERWISE WHICH EXTEND BEYOND THOSE STATED IN THE IMMEDIATELY PRECEDING SENTENCE. Halliburton's liability and customer's exclusive remedy in any claim of action (whether in contract, tort, product liability, breach of warranty or otherwise) arising out of the sale or use of any products, supplies or materials is expressly limited to the replacement of such products, supplies or materials on their return to Halliburton or, at Halliburton's option, to the allowance to the customer of credit for the cost of such items. In no event shall Halliburton be liable for special, incidental, indirect, punitive or consequential damages.

PRICE REFERENCE	SECONDARY REF OR PART NO.	L O C.	ACCOUNT	DESCRIPTION	UNITS 1		UNITS 2		UNIT PRICE	AMOUNT	
					QTY	MEAS	QTY	MEAS			
10-117		1		MILEAGE	2	mi	1	FA	2.35	4	70
20-118		1		Sur Charge mi	2	mi	"	"	.40		80
1-016		1		Pump Charge	1727	FT	1	FA		945	00
0-018		1		5-w Plug	8 3/8	in	1	FA		100	00
2A	825.317	1		Guide Shoe	8 3/8	in	1	FA		228	00
4A	815.19502	1		insrt	"	"	"	"		171	00
27	815.19414	1		Fill-up	"	"	"	"		29	00
40	807.20059	1		Centralizers	"	"	3	FA	53	159	00
50	890.10802	1		Howeo Weld	"	"	"	"		N/C	
Jan 25 1991											

AS PER ATTACHED BULK MATERIAL DELIVERY TICKET NO. B-906822		ISSUE NO. 6442 17	
JOB SATISFACTORILY COMPLETED? YES	OPERATION OF EQUIPMENT SATISFACTORY?	PERFORMANCE OF PERSONNEL SATISFACTORY?	
WE CERTIFY THAT THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED HAS BEEN COMPLIED WITH IN THE PRODUCTION OF GOODS AND OR WITH RESPECT TO SERVICES FURNISHED UNDER THIS CONTRACT. Tom Bohannon HALLIBURTON OPERATOR		JAN 2 1991 CONSERVATION DIVISION Wichita, Kansas	
CUSTOMER OR HIS AGENT (PLEASE PRINT) Stan Wyckoff		HALLIBURTON APPROVAL HP 2873	
CUSTOMER OR HIS AGENT (SIGNATURE) Stan Wyckoff		APPLICABLE TAXES WILL BE ADDED ON INVOICE 8079 67	

ORIGINAL AND TICKET CONTINUATION

FOR INVOICE AND TICKET NO. 043218

DATE 11-22-90	CUSTOMER ORDER NO.	WELL NO. AND FARM JR 1-23	COUNTY Stevens	STATE Ks.
CHARGE TO Berexco		OWNER	CONTRACTOR No. B 906822	
MAILING ADDRESS		DELIVERED FROM Hugoton, Ks.	LOCATION CODE 25535	PREPARED BY Neal
CITY & STATE		DELIVERED TO Loe E Hugoton, Ks.	TRUCK NO.	RECEIVED BY <i>Tom Bohannon</i>

PRICE REFERENCE	SECONDARY REF. OR PART NO.	CODE		DESCRIPTION	UNITS 1		UNITS 2		UNIT PRICE	AMOUNT		
		L	D		QTY.	MEAS.	QTY.	MEAS.				
504-050	516.00265	2	B	Premium Plus Cement	150	sk			7.08	1062	00	
504-120		2	B	Halliburton Light	605	sk			6.29	3805	45	
507-210	890.50071	2	B	Flocele	151	lbs			1.30	196	30	
509-406	890.50812	2	B	Calcium Chloride	14	sk			25.75	360	50	
500-307		2	B	Mileage Surcharge	170.02				.10	17	00	
				Returned Mileage Charge	TOTAL WEIGHT	LOADED MILES	TON MILES					
				SERVICE CHARGE ON MATERIALS RETURNED			CU. FEET					
500-207		2	B	SERVICE CHARGE			794 CU. FEET		1.10	873	40	
500-306		2	B	Mileage Charge	68000	5	170.02 TON MILES		.75	127	52	
No. B 906822							Wichita, Kansas					
									CARRY FORWARD TO INVOICE	SUB-TOTAL		6442 17

STRICT Liberal KS

DATE 11-22-90

HALLIBURTON SERVICES YOU ARE HEREBY REQUESTED TO FURNISH EQUIPMENT AND SERVICEMEN TO DELIVER AND OPERATE THE SAME AS AN INDEPENDENT CONTRACTOR TO: Breyco Inc (CUSTOMER) AND DELIVER AND SELL PRODUCTS, SUPPLIES, AND MATERIALS FOR THE PURPOSE OF SERVICING

WELL NO. 1-23 LEASE JR SEC 23 TWP. 33 RANGE 37

FIELD Stirling COUNTY Stirling STATE KS OWNED BY Savvy

THE FOLLOWING INFORMATION WAS FURNISHED BY THE CUSTOMER OR HIS AGENT

FORMATION NAME TYPE
FORMATION THICKNESS FROM TO
CORKER: TYPE SET AT
TOTAL DEPTH MUD WEIGHT 9.3
CORE HOLE 12 1/4
TYPICAL PROD: OIL BPD, H2O BPD, GAS MCF
ESSENTIAL PROD: OIL BPD, H2O BPD, GAS MCF

Table with columns: CASING, LINER, TUBING, OPEN HOLE, PERFORATIONS. Includes values for NEW USED, WEIGHT, SIZE, FROM, TO, MAX. ALLOW. P.S.I., SHOTS/FT.

PREVIOUS TREATMENT: DATE TYPE MATERIALS

TREATMENT INSTRUCTIONS: TREAT THRU TUBING ANNULUS CASING TUBING/ANNULUS HYDRAULIC HORSEPOWER ORDERED
210 605 HLC P+ 28 cc 1/4" floeclz 12.3 3/44
150 Perm+ 28 cc 14.8 5/561
Displ w 109 PBLs Fresh water

CUSTOMER OR HIS AGENT WARRANTS THE WELL IS IN PROPER CONDITION TO RECEIVE THE PRODUCTS, SUPPLIES, MATERIALS, AND SERVICES

As consideration, the above-named Customer agrees: THIS CONTRACT MUST BE SIGNED BEFORE WORK IS COMMENCED

- a) To pay Halliburton in accord with the rates and terms stated in Halliburton's current price list...
b) To defend, indemnify, release and hold harmless Halliburton, its divisions, subsidiaries, parent and affiliated companies...
c) That because of the uncertainty of variable well conditions and the necessity of relying on facts and supporting services furnished by others...
d) That Halliburton warrants only title to the products, supplies and materials and that the same are free from defects in workmanship and materials...
e) That Customer shall, at its risk and expense, attempt to recover any Halliburton equipment, tools or instruments which are lost in the well...
f) To waive the provisions of the Deceptive Trade Practices - Consumer Protection Act...
g) That this contract shall be governed by the law of the state where services are performed or materials are furnished...
h) That Halliburton shall not be bound by any changes or modifications in this contract, except where such change or modification is made in writing by a duly authorized executive officer of Halliburton.

I HAVE READ AND UNDERSTAND THIS CONTRACT AND REPRESENT THAT I AM AUTHORIZED TO SIGN THE SAME AS CUSTOMER'S AGENT.
JAN 2 1991
John 23 1990

SIGNED [Signature] CUSTOMER
DATE 11-22-90
TIME 15:30 A.M. (P.M.)

ORIGINAL

WELL DATA

WELL NO. 23 TWP. 33 RANG. 37 COUNTY Stevens STATE Ks

FORMATION NAME _____ TYPE _____
 FORMATION THICKNESS _____ FROM _____ TO _____
 INITIAL PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD
 ESSENT PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD
 COMPLETION DATE _____ MUD TYPE Spud MUD WT. 93
 CRACKER TYPE _____ SET AT _____
 BOTTOM HOLE TEMP. _____ PRESSURE _____
 SC. DATA _____ TOTAL DEPTH 1725

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	N	23	23	K13	1727	1500
LINER						
TUBING						
OPEN HOLE			12 1/4	6L	1725	SHOTS/FT
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALL OUT DATE	ON LOCATION DATE	JOB STARTED DATE	JOB COMPLETED DATE
13:00	11-22-90	11-22-90	11-22-90
TIME 11-22-90	TIME 15:30	TIME 18:15	TIME 19:30

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
WELT TYPE AND SIZE		
WELT COLLAR	1	
WELT SHOE	1	HOWARD
WELT SHOE		
WELT NUTRIZERS	5-4	
WELT BOTTOM PLUG		
WELT P PLUG	5W	
WELT AD	PCPC	
WELT CRK		
WELT HER		

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
T. Bohannon	40016 P.O.	Liberal Ks
	87748	
A. Crist	7183 P.	" "
	07653	TE4 Perm
C. Hay	5302	Bolk Hgston Ks
	09259	
G. Evans	6610	Bolk " "
	20233	

MATERIALS

EAT. FLUID _____ DENSITY _____ LB/GAL. API _____
 SPL. FLUID _____ DENSITY _____ LB/GAL. API _____
 OP. TYPE _____ SIZE _____ LB. _____
 OP. TYPE _____ SIZE _____ LB. _____
 ID TYPE _____ GAL. _____ % _____
 ID TYPE _____ GAL. _____ % _____
 ID TYPE _____ GAL. _____ % _____
 RFACANT TYPE _____ GAL. _____ IN _____
 AGENT TYPE _____ GAL. _____ IN _____
 UID LOSS ADD. TYPE _____ GAL.-LB. _____ IN _____
 LLING AGENT TYPE _____ GAL.-LB. _____ IN _____
 IC. RED. AGENT TYPE _____ GAL.-LB. _____ IN _____
 EAKER TYPE _____ GAL.-LB. _____ IN _____
 CCKING AGENT TYPE _____ GAL.-LB. _____ IN _____
 RFPAC BALLS TYPE _____ QTY. _____
 HER _____
 HER _____

DEPARTMENT Cement
 DESCRIPTION OF JOB 605 HHC Per 2% CC 1/4" floccle 12.3#
150 Perm + 2% CC 14.8
Displ w 109. H₂O
 JOB DONE THRU: TUBING CASING ANNULUS TBG/ANN.
 CUSTOMER REPRESENTATIVE X - Steve Wyckoff
 HALLIBURTON OPERATOR T Bohannon COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
1	605	HHC Per			2% CC 1/4" floccle	2.06	12.3
2	150	Perm +			2% CC	1.32	14.8

PRESSURES IN PSI

SUMMARY

VOLUMES

ISOLATING _____ DISPLACEMENT _____ PRESLUSH: BBL.-GAL. _____ TYPE _____
 BREAKDOWN _____ MAXIMUM _____ LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____
 STRAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. _____ DISPL. BBL.-GAL. 109.33
 CUT-IN: INSTANT _____ 5-MIN. _____ 15-MIN. _____ CEMENT SLURRY: 221.9 35.12
 ORDERED _____ AVAILABLE _____ USED _____ TOTAL VOLUME: BBL.-GAL. _____
 HEATING _____ DISPL. _____ OVERALL _____
 CEMENT LEFT IN PIPE _____
 REASON Inst. ST

REMARKS
circ good CRT to Sust. 2 1991
float holding
 CONCRETE DIVISION
 WICHITA, KANSAS

CUSTOMER: Bracco Inc
 LEASE: 5A
 WELL NO: 1-23
 JOB TYPE: 010
 DATE: 11-22-90

