

FORM MUST BE TYPED

SIDE ONE

ORIGINAL

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

OPERATOR: License # 5364
Name: Beren Corporation
Address: 100 N. Broadway
Suite 970
City/State/Zip: Wichita, KS 67202

Purchaser: Central Crude Corporation

Operator Contact Person: David C. Yaw

Phone: (316) 265-3311

Contractor: _____

License: _____

Wellsite Geologist: _____

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SLOW 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: Elledge #3

Comp. Date: 10/26/79 Old Total Depth: 4450

Deepening Re-Perf Conv. to Inj/SWD
 Plug Back 4121 PBTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

2-12-97 02/17/97
Spud Date **OF START** Date Reached TD **Completion Date OF**
OF WORKOVER **WORKOVER**

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: David C. Yaw

Title: District Production Engineer Date: 5-8-97

Subscribed and sworn to before me this 8th day of May 19 97.

Notary Public: Tiffany R. Reese

Date Commission Expires: SEPTEMBER 19, 1999



API No. 15- 047-20549 0001
County: Edwards
NE - SE - SW Sec 14 Twp 26 Rge 16 E W
990 Feet from SN (circle one) Line of Section
2310 Feet from EW (circle one) Line of Section
Footages Calculated from Nearest Outside section Corner: NE, SE, NW, or SW (circle one)
Lease Name: Elledge Well # 3
Field Name: Trousdale NE
Producing Formation: Lansing-Kansas City "H"
Elevation: Ground: 2067 KB: 2076
Total Depth: 4450 PBTD: 4121
Amount of Surface Pipe Set and Cemented at: 417 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 JZ 5-29-97
(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: _____
Quarter: _____ Sec: _____ Twp: _____ Rge: _____ EW
County: _____ Docket No. 21

RECEIVED
KANSAS CORP COM
MAY 15 1997

5-15-1997

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other (Specify)

Operator Name Beren Corporation
 Sec 14 Twp 26 Rge 16 East West

Lease Name Elledge Well # 3
 County Edwards

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.

ORIGINAL

Drill Stem Tests Taken (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input 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	RECEIVED KANSAS CORP OWN 1997 MAY 15 P 1:21		
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
List All E. Logs Run:				

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"	24 #	417'	60/40 Poz	300	75 lbs Floeale 3% CaCl ₂
Production	7 7/8"	5 1/2"	15.5 #	4449'		250	2% CaCl ₂

Purpose: <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	Depth		Type of Cement	# Sacks Used	Type and Percent Additives
	Top	Bottom			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type	Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
	Set RBP @ 4121'		4121
4	4058-4063	500 gallons 15% Fe-HCl	4058-4063
4	4374 - 4378' + 4390 - 4394'		

TUBING RECORD	Size <u>2 3/8</u>	Set At <u>4111</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Inj <u>03/09/97</u>	Producing Method		
	<input type="checkbox"/> Flowing	<input checked="" type="checkbox"/> Pumping	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
Estimate Production Per 24 Hours	Oil <u>8</u> Bbls	Gas <u>284</u> MCF	Water <u>284</u> Bbls Gas-Oil Ratio Gravity <u>36°</u>

METHOD OF COMPLETION

Disposition of Gas: Vented Sold Used on Lease

Open Hole Perf Dually Comp Commingled

Other (Specify) _____

Production Interval 4058-4063