

ORIGINAL

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

API NO. 15- 083-21227-00-01

County Hodgeman

N/2 SW NE Sec 16 Twp 24 Rge 22 X W E

1650 Feet from S (circle one) Line of Section

1980 Feet from E (circle one) Line of Section

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

Lease Name Benish Well # 7-16

Field Name East Mellecker

Producing Formation Cedar Hills

Elevation: Ground: 2320 KB: 2325

Total Depth 4670 PBSD 1498

Amount of Surface Pipe Set and Cemented at 413 Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from \_\_\_\_\_

Feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx. cmt.

Drilling Fluid Management Plan Re-Entry, 6-24-98 UIC.  
(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 \_\_\_\_\_ E/W

County \_\_\_\_\_ Docket No. \_\_\_\_\_

OPERATOR: License # 5363

Name: BEREXCO Inc

Address 100 N. Broadway  
Suite 970

City/State/Zip Wichita, KS 67202

Purchaser: NA - SWD well

Operator Contact Person: Leon Rodak

Phone (316) 265-3311

Contractor: BEREXCO Inc

License: 5363

Wellsite Geologist: NA

NEW INFORMATION

Designate Type of Completion

    New Well X Re-Entry     Workover

    Oil X SWD     SIOW     Temp. Abd.

    Gas     EHHR     SIGW

    Dry     Other (Core, WSW, Expl., Cathodic, etc)

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

Operator: Robert Schulein & Associates

Well Name: Benish #7-16

Comp. Date 02/08/86 Old Total Depth 4670

    Deepening     Re-Perf X Conv. to Inj/SWD

X Plug Back 1498 PBSD

    Commingled     Docket No. \_\_\_\_\_

    Dual Completion     Docket No. \_\_\_\_\_

X Other (SWD or Inj?)     Docket No. D-27545

05/06/98 05/28/98 05/28/98

Spud Date 05/06/98 Date Reached TD 05/28/98 Completion Date 05/28/98

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 [Signature]

Title Division Production Engineer Date \_\_\_\_\_

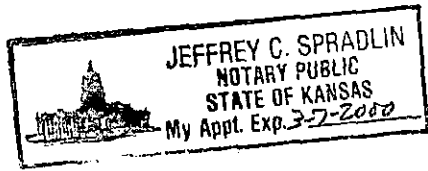
Subscribed and sworn to before me this 29<sup>th</sup> day of May

19 98.

Notary Public [Signature]

Date Commission Expires SEPTEMBER 14 1999 March 7, 2000

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



JAN 18 1990

Operator Name BEREXCO Inc

Lease Name Benish Well # 7-16

Sec 16 Twp 24 Rge 22  East

County Hodgeman

West

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  Yes  No  
(Attach Additional Sheets.)

Log Formation (Top), Depth and Datum  Sample

Samples Sent to Geological Survey  Yes  No

Name Top Datum

Cores Taken  Yes  No

Cedar Hills 930 1395

Electric Log Run  Yes  No  
(Submit Copy.)

List All E. Logs Run: CBLVDL

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	25	413	60/40 poz	275	2% gel, 3% CaCl
Casing	7 7/8	5 1/2	15	4660	Common	125	UNK

Purpose:	Depth		Type of Cement	# Sacks Used	Type and Percent Additives
	Top	Bottom			
<input checked="" type="checkbox"/> Perforate					
<input checked="" type="checkbox"/> Protect Casing					
<input type="checkbox"/> Plug Back TD	1245	1535	Halco Lite	450	
<input type="checkbox"/> Plug Off Zone					
<input type="checkbox"/> Remedial					

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)	
2	896		Could not pump into formation	896
2	826		SQZ - 100 sks 60/40 poz & 50 sks common	826
2	560		SQZ - 50 sks 60/40 poz & 25 sks common	560
2	950-1000			

TUBING RECORD		Size	Set At	Packer At	Liner Run	Yes	No
		2 3/8 plastic lined	937	937	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date of First, Resumed Production, SWD or inj		Producing Method		Gravity			
Estimate 6/10/98		<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping		<input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain)			
Estimate Production		Oil	Bbls	Gas	MCF	Water	Bbls
Per 24 Hours		NA					

METHOD OF COMPLETION

Disposition of Gas:  Vented  Sold  Used on Lease  Open Hole  Perf  Dually Comp  Commingled  
(If vented, submit ACO-18.)  Other (Specify) \_\_\_\_\_ Disposal Interval 950-1000

**JOB LOG** 4239-5

TICKET # 196534  
 TICKET DATE 5-28-98

REGION North America	NWA/COUNTRY MID CONTINENT	BDA / STATE KANSAS	COUNTY HODGEMAN
MBU ID / EMP # HAY101 89377	EMPLOYEE NAME WAYNE WILSON	PSL DEPARTMENT KANSAS OPERATIONS	
LOCATION HAYS KS	COMPANY REYNOLDS	CUSTOMER REP / PHONE ROBERT GRANT	
TICKET AMOUNT 6636.16	WELL TYPE 11	API / UWI #	16-24g-22j
WELL LOCATION SW / HAYSTON, KS	DEPARTMENT ZT	JOB PURPOSE CODE 549	
LEASE / WELL # BOSTON 7-16	SEC / TWP / RANG		

HES EMP NAME/EMP#(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#(EXPOSURE HOURS) HRS
WILSON 89377			
REYNOLDS 47558			

CHART NO.	TIME	RATE (BPM)	VOLUME (BBLS/GAL)	PUMPS		PRESS. (PSI)		JOB DESCRIPTION / REMARKS
				T	C	TDG	CSG	
	0510							CALLED OUT
	0900							ON LOCATION - DISCUSS JOB PROCEEDURE
1	1010							MAX 800 GAL 1290 A/GAARD - PAK @ 937'
	1028	2	16		✓	100		STATE LEVEL OF WELL - 100' FROM SURFACE - PUMP A/GAARD
	1037							16 BBL A/GAARD W/FLOCCULE PUMPS - SHUT DOWN
								SET PACKER @ 937' AND PACK OFF
	1045	1	1 1/2		✓	300		LOAD ALLOWE - PSZ UP - MET TEST
	1117							RELEASE PSE - PASSER MET
								WASH UP TRUCK PACK UP
								DO TESTS
	1200							JOB COMPLETE

**ORIGINAL**

THANK YOU

WAYNE, ELSON



HALLIBURTON

ORIGINAL

RECEIVED  
KANSAS CORP COMM

HALLIBURTON ENERGY SERVICES

1102 East Eighth Street / Hays, Kansas 67601-1102

# FAX COVER SHEET

DATE: 5-28-98

TO: BEREXCO INC  
ATTN: MELVIN ABLES

PHONE:  
FAX: 316-265-2994

FROM: HALLIBURTON ENERGY SERVICES

PHONE:  
FAX: 913-625-2536

RE:

Number of pages including cover sheet: 4

Message: AWGARD SEAWAT JOB - BEWISH 7-16

05-29-98 02:53R P.02

FRX NO.: 1 913 625 2536

FROM: HES HRYS



**HALLIBURTON**

**HALLIBURTON ENERGY SERVICES**

KAL-1000-P

CHARGE TO: **PEREGRINO INC.**  
 ADDRESS:  
 CITY, STATE, ZIP CODE:

ORIGINAL - DUNBAR COPY TICKET  
 No. **196534-**  
 PAGE 1 OF 1

SERVICE LOCATIONS 1. <b>HAYS, KS</b>	WELL/PROJECT NO. <b>7-16</b>	LEASE <b>BENZON</b>	COUNTY/PARISH <b>HOLCOMB</b>	STATE <b>KS</b>	CITY/OFFSHORE LOCATION	DATE <b>5-28-98</b>	OWNER <b>SAME</b>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <b>Co Tools</b>	RIG NAME/NO	SHIPPED VIA <b>53293</b>	DELIVERED TO <b>LOWDOWN</b>	CROER NO
3.	WELL TYPE	WELL CATEGORY <b>02</b>	JOB PURPOSE <b>549</b>	WELL PERMIT NO	WELL LOCATION <b>S Y R 16-24s-22w</b>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	IF		U/M	U/M			
000-117	050-001	1			MILEAGE <b>53293m</b>	200	MZ	1	3.65	730
000-119	050-002	1			CREW MILEAGE	200	MZ	1	2.15	430
050-010		1			PUMP SERVICE	937	PT		2454.00	2454
045-050		1			DATA ACQUISITION SYSTEM	1	JOB		760.00	760
050-037		1			AWGARD SEALANT	800	GNL	12	1.00	800
218-008		1			FE-2	100	LBS		4.44	444
509-553		1			HALLIBURTON GEL	200	LBS	4	11.72	468
508-143		1			DRAGEL "D"	950	LBS		.53	503
507-210		1			FLOCCLE	75	LBS		2.09	156
500-363		1			BLEND - SACK BULK MATERIAL	101	CF		2.28	230
500-306		1			MELONGE MATERIAL DELIVERY at BENA (BNA PRICE - 4580.10)	64	BTMT		1.25	80

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**LEGAL TERMS:** Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.

X *Robert Grant*  
 DATE SIGNED: **5-28-98** TIME SIGNED: **0930**  A.M.  P.M.

do not require IPC (Instrument Protection).  Not ordered

SUB SURFACE SAFETY VALVE WAS  
 PULLED A RETURN  PULLED  RUN

TYPE LOCK DEPTH

BEAM SIZE SPACERS

TYPE OF EQUALIZING SUB. CASING PRESSURE

TUBING SIZE TUBING PRESSURE WELL DEPTH

TREE CONNECTION TYPE VALVE

**SURVEY** AGREE UN-DECIDED DIS-AGREE

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? **6636**

WE UNDERSTOOD AND MET YOUR NEEDS?

OUR SERVICE WAS PERFORMED WITHOUT DELAY?

WE OPERATED THE EQUIPMENT AND PERFORMED JCB CALCULATIONS SATISFACTORILY?

ARE YOU SATISFIED WITH OUR SERVICE?  
 YES  NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL **6636**

FROM CONTINUATION PAGE(S)

SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE **6636**

**CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES** The customer hereby acknowledges receipt of the materials and services listed on this ticket.

CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT) **X Robert Grant** HALLIBURTON OPERATOR/ENGINEER **WAYNE WASH** EMP # **89377** HALLIBURTON APPROVAL

**JOB SUMMARY**

REGION North America	NWA/COUNTRY MEXICO	BDA/STATE KS	COUNTY HODGEMAN
MBU ID/EMP# H0101 89377	EMPLOYEE NAME WAYNE WILSON	PSL DEPARTMENT REVEILED	
LOCATION HAYS, KS	COMPANY BEREXCO INC	CUSTOMER REP/PHONE ROBERT GRANT	
TICKET AMOUNT 6636.16	WELL TYPE 11	API/UWI 16-246-22W	
WELL LOCATION SW/HANSTON, KS	DEPARTMENT ZE	JOB PURPOSE CODE 549	
LEASE/WELL# BEATSH 7-16	SEC/TWP/RNG 16-246-22W		

HES EMP NAME/EMP#(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#(EXPOSURE HOURS) HRS
WILSON 89377			
REYNOLDS 47558			

HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES
420995	110						
532937	170						

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Form Name \_\_\_\_\_ Type: \_\_\_\_\_  
 Form Thickness \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Packer Type COMP Set At 937'  
 Bottom Hole Temp. \_\_\_\_\_ Pressure \_\_\_\_\_  
 Misc. Data \_\_\_\_\_ Total Depth \_\_\_\_\_

**TOOLS AND ACCESSORIES**

TYPE AND SIZE	QTY	MAKE
Float Collar		
Float Shoe		
Guide Shoe		
Centralizers		
Bottom Plug		
Top Plug		
Head		
Packer		
Other		

**MATERIALS**

Treat Fluid	Density	Lb/Gal
Disp. Fluid	Density	Lb/Gal
Prop. Type	Size	Lb.
Prop. Type	Size	Lb.
Acid Type	Gal.	%
Surfactant	Gal.	In
NE Agent	Gal.	In
Fluid Loss	Gal/Lb	In
Gelling Agent	Gal/Lb	In
Fric. Red.	Gal/Lb	In
Breaker	Gal/Lb	In
Blocking Agent	Gal/Lb	
Perfpac Balls	Qty.	
Other		
Other		
Other		
Other		

DATE	CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
5-28	0530	0900	1000	1300

**WELL DATA**

	NEW/USED	WEIGHT	SIZE	FROM	TO	MAX ALLOW
Casing	U	14	5 1/2			
Liner						
Liner						
Tbg/D.P.			2 3/8	0	937'	PUR
Tbg/D.P.						
Open Hole						SHOTS/FT.
Perforations						
Perforations						
Perforations						

HOURS ON LOCATION		OPERATING HOURS		DESCRIPTION OF JOB
DATE	HOURS	DATE	HOURS	
5-28	3	5-28	2	PUMP AGAIN SURFAT
				900 GAL 1270
<b>TOTAL</b>		<b>TOTAL</b>		

**HYDRAULIC HORSEPOWER**

ORDERED	Avail.	Used
TREATED	AVERAGE RATES IN RPM	Overall
FEET	CEMENT LEFT IN PIPE	Reason

**CEMENT DATA**

STAGE	SACKS	CEMENT	BULK/SKS	ADDITIVES	YIELD	LBS/GAL

Circulating _____	Displacement _____	Preflush: Gal - BBI _____	Type _____
Breakdown _____	Maximum _____	Load & Bkdn: Gal - BBI _____	Pad: BBI - Gal _____
Average _____	Frac Gradient _____	Treatment Gal - BBI _____	Disp: BBI - Gal <u>17.7</u>
Shut In: Instant _____	5 Min _____ 15 Min _____	Cement Slurr Gal - BBI _____	
		Total Volume Gal - BBI _____	

Customer: shall refer to  
 described on the front side  
 her match products or  
 cash payment to "ALLIED"  
 of payment for the job  
 delivery of the  
 per

NG CO., INC.

5/22/98

\*\*\*\*\*  
 \* I N V O I C E \*  
 \*\*\*\*\*

RECEIVED  
 KANSAS CORP  
 JUN 1 11:30

Invoice Number: 077546P  
 Invoice Date: 05/22/98

Sold Berexco, Inc.  
 To: P.O. Box 723  
 Hays, KS  
 67601

ORIGINAL

Cust. I.D.: Berex  
 P.O. Number: Benish #7  
 P.O. Date: 05/22/98  
 Due Date: 06/21/98  
 Terms: Net 30

Item I.D./Desc	Qty. Used	Unit	Price	Net	TX
Common	50.00	SKS	6.3500	317.50	T
Pozmix	25.00	SKS	3.2500	81.25	T
Gel	3.00	SKS	9.5000	28.50	T
Chloride	1.00	SKS	28.0000	28.00	T
Handling	75.00	SKS	1.0500	78.75	T
Mileage (60)	60.00	MILE	3.0000	180.00	T
75 sks @ \$.04 per sk per mi					
Squeeze	1.00	JOB	580.0000	580.00	T

All Prices Are Net, Payable 30 Days Following Subtotal: 1294.00  
 Date of Invoice: 1-1/2% Charged Thereafter Tax: 76.35  
 If Account CURRENT take Discount of \$205.55 Payments: 0.00  
 ONLY if paid within 30 days from Invoice Date Total: 1370.35





Customer shall refer to  
 described on the front side  
 per materials, products, or  
 sent to "ALLIED"  
 every of the  
 at per

TING CO., INC.

5/14/98

\*\*\*\*\*  
 INVOICE  
 \*\*\*\*\*

RECEIVED

Invoice Number: 077544 CORP CC

Invoice Date: 05/22/98 1:30

Sold Berexco, Inc.  
 To: P. O. Box 723  
 Hays, KS  
 67601

ORIGINAL

Cust. I.D.: Berex  
 P.O. Number: Benish #7  
 P.O. Date: 05/22/98  
 Due Date: 06/21/98  
 Terms: Net 30

Item I.D./Desc	Qty. Used	Unit	Price	Net	TX
Pump Truck	1.00	JOB	580.0000	580.00	T
Mileage pmp trk	60.00	MILE	2.8500	171.00	T
All Prices Are Net, Payable 30 Days Following				Subtotal:	751.00
Date of Invoice: 1 1/2% Charged Thereafter				Tax:	44.31
If Account CURRENT take Discount of \$ 119.29				Payments:	0.00
ONLY if paid within 30 days from Invoice Date				Total:	795.31

*Handwritten signature*

