

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1120040

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

| OPERATOR: License # | API No. 15 |
|---|---|
| Name: | Spot Description: |
| Address 1: | |
| Address 2: | Feet from North / South Line of Section |
| City: State: Zip:+ | Feet from Feast / West Line of Section |
| Contact Person: | |
| Phone: () | |
| CONTRACTOR: License # | |
| Name: | |
| Wellsite Geologist: | |
| Purchaser: | |
| | |
| Designate Type of Completion: | Elevation: Ground: Kelly Bushing: |
| New Well Re-Entry Workover | Total Depth: Plug Back Total Depth: |
| Oil WSW SWD SIOW | Amount of Surface Pipe Set and Cemented at: Feet |
| Gas D&A ENHR SIGW | Multiple Stage Cementing Collar Used? |
| OG GSW Temp. Ab | Dd. If yes, show depth set: Feet |
| CM (Coal Bed Methane) | If Alternate II completion, cement circulated from: |
| Cathodic Other (Core, Expl., etc.): | feet depth to:w/sx cmt. |
| If Workover/Re-entry: Old Well Info as follows: | |
| Operator: | Drilling Fluid Management Plan |
| Well Name: | |
| Original Comp. Date: Original Total Depth: | Chloride content: ppm Fluid volume: bbls |
| Deepening Re-perf. Conv. to ENHR Conv. to | SWD |
| Conv. to GSW | Dewatering method used: |
| Plug Back: Plug Back Total Depth | Location of fluid disposal if hauled offsite: |
| Commingled Permit #: | Operator Name: |
| Dual Completion Permit #: | Lease Name: License #: |
| SWD Permit #: | |
| ENHR Permit #: | |
| GSW Permit #: | County: Permit #: |
| | |
| Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date | |

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: | | | | | |
| Confidential Release Date: | | | | | |
| Wireline Log Received | | | | | |
| Geologist Report Received | | | | | |
| UIC Distribution | | | | | |
| ALT I II Approved by: Date: | | | | | |
| | | | | | |

| | Side Two | 1120040 | | |
|-------------------------|-------------|---------|--|--|
| Operator Name: | Lease Name: | Well #: | | |
| Sec TwpS. R East _ West | County: | | | |
| | | | | |

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 (Attach Additional Shee | ets) | Yes No | | Log Fo | ormation (Top), Depth ar | nd Datum Top | Sample |
|--|----------------------|--|-----------------------|------------------|--------------------------|-----------------|-------------------------------|
| Samples Sent to Geological Survey Cores Taken | | Yes No | | Name | | юр | Datum |
| Cores Taken Electric Log Run Electric Log Submitted El (If no, Submit Copy) | ectronically | ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No |) | | | | |
| List All E. Logs Run: | | | | | | | |
| | | CAS | | New U | sed | | |
| | | Report all strings | set-conductor, surfac | e, intermediate, | production, etc. | | |
| Purpose of String | Size Hole Drilled | Size Casing Set (In O.D.) | Weight Lbs. / Ft. | Sett Dep | | # Sacks Used | Type and Percent Additives |
| | | | | | | | |

ADDITIONAL CEMENTING / SQUEEZE RECORD

| Purpose: —— Perforate | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
|-----------------------------|---------------------|----------------|--------------|----------------------------|
| Protect Casing Plug Back TD | | | | |
| Plug Off Zone | | | | |

| | | | RECORD - Bridge Plugs Set/Type btage of Each Interval Perforated | | | Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) | | | Depth | |
|---|----------|---------------|---|-----------------|---------|---|-----------------|------------------------------|----------------|---------|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| TUBING RECORD: | Siz | ze: | Set At: | | Packer | r At: | Liner R | un: | No | |
| Date of First, Resumed Production, SWD or ENH | | | λ . | Producing N | 1ethod: | ping | Gas Lift | Other (Explain) | | |
| Estimated Production Per 24 Hours | | Oil Bb | ls. | Gas | Mcf | Wate | ər | Bbls. | Gas-Oil Ratio | Gravity |
| | | | | | | 1 | | | | |
| DISPOSITIC | ON OF G | BAS: | | | METHOD | OF COMPLE | TION: | | PRODUCTION INT | ERVAL: |
| Vented Sold | | Jsed on Lease | | Open Hole | Perf. | Dually (Submit) | Comp. ACO-5) | Commingled (Submit ACO-4) | | |
| (If vented, Sub | omit ACC |)-18.) | | Other (Specify) | | | | | | |

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

| EDWARD E BIRK | SERVICE TICKET |
|---------------------------------------|-------------------------|
| 302 SOUTH 16TH | WELL CEMENTING |
| BURLINGTON, KS 66839 | olicita |
| 620-364-1311 - OFFICE, 620-364-6719 - | CELL DATE: 018/2 |
| FIR I | COUNTY CITY |
| CHARGE TO ta Dirk | - |
| ADDRESS | OU CITY OST ZIP |
| LEASE & WELLNO, JUSTIA KOT- | CONTRACTOR (CM/Ch) 1015 |
| KIND OF JOB (ement long) | Stand SEC TWP RG |
| DIR. TO LOC. | OLD NEW |
| | |

| QUANTITY | 0 | MATERIAL USED | | SERV. CHG |
|----------------|-----------------|--------------------|--------------|-----------|
| 120 SX | Portlan | d Cement | | |
| | | | | |
| н. В | | | | |
| | | | | |
| | | | | |
| | | | | |
| | BULK CHARGE | | | |
| | BULK TRK. MILES | | | |
| | PUMP TRK. MILES | | | |
| | | | | |
| | PLUGS | | | |
| | | | | |
| | TOTAL | | | |
| т.р. 1024 | 1 | CSG. SET AT 1009 ' | VOLUME | |
| SIZE HOLE 5 | 7/8 " | TBG SET AT | VOLUME | |
| MAX. PRESS. | | SIZE PIPE 2 7/8 " | | |
| PLUG DEPTH | | PKER DEPTH | PLUG USED | |
| TIME FINISHED: | | ~ | | |
| REMARKS: | nnect to t | Dipe Pump Cement | into well. G | ood Circ. |

NAME

Edward Birk Ed Birks OWNER'SREP.

CEMENTER OR TREATER

802 N. Industrial Rd. **P.O. Box 664** Iola, Kansas 66749 Phone: (620) 365-5588

Payless Concrete Products, Inc.

CONDITIONS Concrete to be dejivared to the nearest accessible point over passable road, under truck's own power. Due to delivery at owner's or intermediary's direction, seller assumes no responsibility for damages in any manner to sidewalks, roadways, driveways, buildings, tees, shrubbery, etc., which are at customer's risk. The maximum allotted time for unloading trucks is 5 minutes per yard. A charge will be made for holding trucks longer. This concrete contains correct water contents for strength or mix indicated. We do not assume responsibility for strength test when water is added at customer's request. NOTICE TO OWNER Failure of this contractor to pay those persons supplying material or services to complete this contractor result in the filing of a mechanic's lien on the property which is the subject of this contract.

BI/J. ROLF & & B COOPERATIVE VENTURES SE W TO WAYSIDE N 2 MI TO 6TH E ON N SD @ TANKS

| | | | DRLINGTON KS | | .: | | 4 | 1 1 | |
|------|--|--|--|--|--|----------------------|---|---|--|
| | | | 66839 | | GEASE: | JUSTIN ROLE | 抱7 · - | and the second | |
| T | TIME | TIME FORMULA LOAD SIZE | | YARDS ORDERED | 4 | DRIVER/TRUCK | and the second statement of the second statement of the | LANT/TRANSACTION # | |
| | | | | A REAL PROPERTY. | % CAL | DM | % AIR | | |
| | 12:37:59p | WELL | 12.00 yd | 12.00 yd | 0,00 | 34 | 0.00 | COFCO | |
| | DATE | | LOAD # | YARDS DEL. | BATCH# | WATER TRIM | SLUMP | TICKET NUMBER | |
| | | o Date | 8 | 96.00 yd | | | | | |
| | 10-18-12 | Foday | the second second | 12.00 yd | 22379 | G/yd 0.0 | S. S. Mar. | 32863 | |
| alia | CAUSE BURNS. Avoid Co Contact With Skin or Eyes Attention. KEEP CHILDREI | COMMODITY and BECOMES the PROPE | ntact With Skin. In Case of ritation Persists, Get Medical | (TO BE SIGNED IF DELIVERY T Dear Custome-The driver of this is you for your signature is of the op truck may possibly cause damag property if it places the material in our wish to help, you in every, way, the driver is requesting that you is this supplier from any responsibility | MAGE RELEASE O BE MADE INSOB CURB LINE) unck in presenting this RELEASE to monothat the size and weight of his to this load where you desire it. It is that we can, but is and or adjacent it his load where you desire it. It is that we can, but is and to do this grit his RELEASE releaving him and y from any damage that may occur property. buildings, sidewalks, | | is Detrimental to Concrete Ided By Request/Authorize | | |
| | LEAVING the PLANT, ANY C TELEPHONED to the OFFICE The undersigned promises to any sums owed. All accounts not paid within 30. Not Responsible for Reactive Material is Delivered. | HANGES OR CANCELLATION of ORIGI BEFORE LOADING STARTS. pay all costs, including reasonable attorn days of delivery will bear interest at the rate Aggregate or Color Quality. No Claim oss of the Cash Discount will be collect | INAL INSTRUCTIONS MUST be neys' fees, incurred in collecting tof 24% per annum. Allowed Unless Made at Time | driveways, curbs, etc., by the deli also agree to help him remove mu that he will not litter the public stree tion, the undersigned agrees to ind of this truck and this supplier for a | driveways, curbs, etc., by the delivery of this material, and that you also agree to help him renove multiform the wheles of his vehicle so that he will not litter the public street. Further, as additional considera- tion, the undersigned agrees to indemnify and hold harmless the differ of this truck and this supplier for any and all damage to the premises and/or advector consorth which mus ha chained the premises and/or advector consorth which mus ha chained the premises with a struck and this supplier for any and all damage to the premises and/or advector consorth which mus ha chained the premises | | | D THE HEALTH WARNING ANY DAMAGE CAUSED | |
| 1 | QUANTITY | CODE | DESCRIPTION | | a free a | and the first second | UNIT PRICE | EXTENDED PRICE | |
| | 12.00 WELL WELL (10 SACKS PER UNIT) 12.00 51.00 612.00 12.00 MIX8HAUL & MIXING & HAULING MIXING & HAULING 12.00 25.00 300.00 2.50 TRUCKING TRUCKING CHARGE 2.50 50.00 125.00 | | | | | | | | |
| | RETURNED TO PLANT | LEFT JOB | FINISH UNLOADING | DELAY EXPLANATION/C | YLINDER TEST TAKEN | TIME ALLOWED | | 1000 | |
| | | | | 1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB | 6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION | 5 T | ubTotal \$ 7 ax % 6.300 | 1037.00 65.33 1102.33 | |
| T | LEFT PLANT | ARRIVED JOB | START UNLOADING | 4. CONTRACTOR BROKE DOWN 5. ADDED WATER | 9. OTHER | TIME DUE | otal \$ Jun | 1102.33 | |
| T | 12:158 | 1:32 | | | | U | ADDITIONAL CHARGE 1 | LIUCHOU | |
| T | TOTAL ROUND TRIP | TOTAL AT JOB | UNLOADING TIME | | | DELAY TIME | ADDITIONAL CHARGE 2 | | |
| | | | | | | | GRAND TOTAL | | |