



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1222332  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed  
Form must be Signed  
All blanks must be Filled

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- Oil       WSW       SWD       SIOW
- Gas       D&A       ENHR       SIGW
- OG       GSW       Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic       Other (Core, Expl., etc.): \_\_\_\_\_

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- Deepening       Re-perf.       Conv. to ENHR       Conv. to SWD
- Plug Back       Conv. to GSW       Conv. to Producer
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx)      (e.g. -xxx.xxxxx)

Datum:  NAD27       NAD83       WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ 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

(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: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

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

- Confidentiality Requested  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

1222332

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No  List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> 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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
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				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____						
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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5/9/2014

268141



5220000860  
5890000860

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	Brik, Brian L. dba Birk Petroleum 1519	State, County	Coffey, Kansas	Cement Type	CLASS A
Job Type	Long String	Section	14	Excess (%)	40%
Customer Acct #		TWP	21S	Density	13.6/14
Well No.	Gupton #1	RGE	15E	Water Required	7.2/7.9
Mailing Address		Formation		Yield	1.48/1.74
City & State		Tubing		Sacks of Cement	130/55
Zip Code		Drill Pipe		Slurry Volume	34.2/17
Contact		Casing Size	4 1/2 10.5#	Displacement	24.1
Email		Hole Size	6 3/4	Displacement (PSI)	200/500
Cell		Casing Depth	1516	MIX PSI	200
Dispatch Location	EUREKA	Hole Depth	1528	Rate	3.5
Code	<b>Cement Pump Charges and Mileage</b>	Quantity	Unit	Price per Unit	
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,085.00	\$ 1,085.00
5406	EQUIPMENT MILEAGE (ONE-WAY)	45	PER MILE	\$4.20	\$ 189.00
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	2	PER LOAD	\$368.00	\$ 736.00
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
<b>EQUIPMENT TOTAL</b>					<b>\$ 2,010.00</b>
	<b>Cement, Chemicals and Water</b>				
1131	60/40 POZMIX CEMENT W/ NO ADDITVES (40% POZ)	130	0	\$13.18	\$ 1,713.40
1118B	PREMIUM GEL/BENTONITE (50#)	450	0	\$0.22	\$ 99.00
1107A	PHENOSEAL	120	0	\$1.35	\$ 162.00
1126	OWC. CEMENT (CAL SEAL) 6%OWC. 2% CAL. CHLORIDE 2% GE	55	0	\$19.75	\$ 1,086.25
1110A	KOL SEAL (50 # SK)	350	0	\$0.46	\$ 161.00
1107A	PHENOSEAL	40	0	\$1.35	\$ 54.00
1111	GRANULATED SALT (50#) SELL BY #	350	0	\$0.39	\$ 136.50
0				\$0.00	\$ -
0	30% Discount			\$0.00	\$ (1,023.64)
1123	CITY WATER (PER 1000 GAL)	6.6	0	\$17.30	\$ 114.18
1144	SP-402 (MUD CLEAN OUT AGENT (DV 1100)	2	0	\$44.10	\$ 88.20
<b>CHEMICAL TOTAL</b>					<b>\$ 2,590.89</b>
	<b>Water Transport</b>				
5501C	WATER TRANSPORT (CEMENT)	4	ATER TRANSPORT (CEME	\$120.00	\$ 480.00
5502C	80 BBL VACUUM TRUCK (CEMENT)	4	BL VACUUM TRUCK (CEM	\$90.00	\$ 360.00
0				\$0.00	\$ -
<b>TRANSPORT TOTAL</b>					<b>\$ 840.00</b>
	<b>Cement Floating Equipment (TAXABLE)</b>				
0	Cement Basket			\$0.00	\$ -
0	Centralizer			\$0.00	\$ -
0				\$0.00	\$ -
0	Float Shoe			\$0.00	\$ -
0	Float Collars			\$0.00	\$ -
0	Guide Shoes			\$0.00	\$ -
0	Baffle and Flapper Plates			\$0.00	\$ -
0	Packer Shoes			\$0.00	\$ -
0	DV Tools			\$0.00	\$ -
0	Ball Valves, Swedges, Clamps, Misc.			\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
4404	Plugs and Ball Sealers 4' 1/2" RUBBER PLUG	1	PER UNIT	\$47.25	\$ 47.25
0	Downhole Tools			\$0.00	\$ -
<b>CEMENT FLOATING EQUIPMENT TOTAL</b>					<b>\$ 47.25</b>

DRIVER NAME
690 John Wade
445 Joey
515 Colby
479 Seth
452/103 Zevi

**completed**

6.15%	SUB TOTAL	\$ 5,488.14
	SALES TAX	\$
	TOTAL	\$ 1,622.23
0%	(-DISCOUNT)	\$
	<b>DISCOUNTED TOTAL</b>	<b>\$ 5,650.37</b>

AUTHORIZATION *Brian L. Brik*  
DATE \_\_\_\_\_

TITLE \_\_\_\_\_  
FOREMAN *John Wade*

ACKNOWLEDGE THAT THE PAYMENT TERMS, UNLESS SPECIFICALLY AMENDED IN WRITING ON THE FRONT OF THE FORM OR IN THE CUSTOMER'S ACCOUNT RECORDS, AT OUR OFFICE, AND CONDITIONS OF SERVICE ON THE BACK OF THIS FORM ARE IN EFFECT FOR SERVICES IDENTIFIED ON THIS FORM.

Conservation Division  
266 N. Main St., Ste. 220  
Wichita, KS 67202-1513



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair  
Jay Scott Emler, Commissioner  
Pat Apple, Commissioner

Sam Brownback, Governor

September 23, 2014

Brian Birk  
Birk, Brian L. dba Birk Petroleum  
874 12TH RD SW  
BURLINGTON, KS 66839-9255

Re: ACO-1  
API 15-031-23876-00-00  
Gupton 1  
SW/4 Sec.14-21S-15E  
Coffey County, Kansas

Dear Brian Birk:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 05/01/2014 and the ACO-1 was received on September 09, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department