

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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

Gas  DH  EOR

OG  GSW

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 EOR  Conv. to SWD

Plug Back  Liner  Conv. to GSW  Conv. to Producer

Commingled Permit #: \_\_\_\_\_

Dual Completion Permit #: \_\_\_\_\_

SWD Permit #: \_\_\_\_\_

EOR Permit #: \_\_\_\_\_

GSW Permit #: \_\_\_\_\_

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: \_\_\_\_\_

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  Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

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<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>Name Top Datum |
|--|---|

| 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<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><input type="checkbox"/> Plug Off Zone |                  |                |              |                            |
|  |                  |                |              |                            |

1. Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*
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)*

|   |  |         |             |               |         |
|---|--|---------|-------------|---------------|---------|
| Date of first Production/Injection or Resumed Production/Injection: | Producing Method:<br><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 |

|   |  |                                    |
|---|--|------------------------------------|
| DISPOSITION OF GAS:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5) (Submit ACO-4)</i> | PRODUCTION INTERVAL:<br>Top Bottom |
|---|--|------------------------------------|

| Shots Per Foot | Perforation Top | Perforation Bottom | Bridge Plug Type | Bridge Plug Set At | Acid, Fracture, Shot, Cementing Squeeze Record<br><i>(Amount and Kind of Material Used)</i> |
|----------------|-----------------|--------------------|------------------|--------------------|---|
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |

|                |       |         |            |  |
|----------------|-------|---------|------------|--|
| TUBING RECORD: | Size: | Set At: | Packer At: |  |
|----------------|-------|---------|------------|--|



**SERVICE TICKET  
WELL CEMENTING**

**BIRK PETROLEUM  
BRIAN L BIRK  
1044 US HWY 75  
BURLINGTON, KS 66839**

DATE: 02/25/2025  
CITY \_\_\_\_\_

COUNTY WOODSON

CHARGE TO Birk Petroleum  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
LEASE & WELL # BLAKE #26; API: 15-207-29966 CONTRACTOR \_\_\_\_\_  
KIND OF JOB CEMENT LONG STRING SEC 28 TWP 23 RG 16E OLD NEW

| QUANTITY | MATERIAL USED  | SERVICE CHG |
|----------|----------------|-------------|
| 160 SX   | CEMENT         |             |
|          |                |             |
|          |                |             |
|          |                |             |
|          |                |             |
|          | BULK CHARGE    |             |
|          | BULK TRK MILES |             |
|          | PUMP TRK MILES |             |
|          |                |             |
|          | PLUGS          |             |
|          |                |             |
|          | TOTAL          |             |

T.D. 1172' CASING SET AT 1160' VOLUME \_\_\_\_\_  
HOLE SIZE \_\_\_\_\_ TBG SET AT \_\_\_\_\_  
MAX PRESSURE \_\_\_\_\_ SIZE PIPE 2 7/8"  
PLUG DEPTH \_\_\_\_\_ PKER DEPTH \_\_\_\_\_ PLUG USED \_\_\_\_\_  
TIME FINISHED \_\_\_\_\_

REMARKS: Hook to 2 7/8" tubing and established circulation. Pumped cement into well and circulated to surface. Inserted rubber plug and pumped to bottom. Shut in with 500 psi. Good cement to surface. Job complete.

NAME \_\_\_\_\_

CEMENTER OR TREATER

  
OWNER'S REP



# Hammerson Ready Mix

1300 2200 Rd.  
Gas, KS 66742  
620-365-7200

1740 US-54  
Ft. Scott, KS 66701  
620-224-2800

|             |               |                  |                |             |                |                 |
|-------------|---------------|------------------|----------------|-------------|----------------|-----------------|
| PLANT<br>01 | TIME<br>11:04 | DATE<br>02/25/25 | ACCOUNT<br>COD | TRUCK<br>73 | DRIVER<br>CARL | TICKET<br>25219 |
|-------------|---------------|------------------|----------------|-------------|----------------|-----------------|

|                          |                              |
|--------------------------|------------------------------|
| CUSTOMER NAME<br>IRK OIL | DELIVERY ADDRESS<br>BLAKE 26 |
|--------------------------|------------------------------|

|                |                     |                   |        |                  |
|----------------|---------------------|-------------------|--------|------------------|
| PURCHASE ORDER | SALES ORDER<br>7945 | TAX<br>WOODSON CO | CREDIT | SLUMP<br>4.00 in |
|----------------|---------------------|-------------------|--------|------------------|

| LOAD QTY. | PRODUCT   | DESCRIPTION              | ORDERED | DELIVERED | UNIT PRICE | AMOUNT |
|-----------|-----------|--------------------------|---------|-----------|------------|--------|
| 16.00 vd  | WELL MUD  | WELL (10 SACKS PER YARD) | 16.00   | 16.00     |            |        |
| 1.00 ea   | FUEL      | FUEL SURCHARGE           | 1.00    | 1.00      |            |        |
| 16.00 ea  | HAUL & MI | HAUL & MIX               | 16.00   | 16.00     |            |        |

|                 |                            |                            |                             |                        |
|-----------------|----------------------------|----------------------------|-----------------------------|------------------------|
| LOADED<br>11 04 | ARRIVE JOB SITE<br>11 : 30 | START DISCHARGE<br>11 : 45 | FINISH DISCHARGE<br>12 : 48 | ARRIVE PLANT<br>1 : 39 |
|-----------------|----------------------------|----------------------------|-----------------------------|------------------------|

SUB TOTAL  
DISCOUNT  
TAX  
TOTAL  
PREVIOUS TOTAL  
GRAND TOTAL

|  |                                 |         |    |
|--|---------------------------------|---------|----|
| This batch of concrete is mixed with the proper amount of water. If additional water is desired, please instruct the driver. | ADDITIONAL WATER ADDED ON JOB → | Gallons | By |
|--|---------------------------------|---------|----|

CAUTION: Freshly mixed cement, mortar, grout or concrete may cause skin irritation. Avoid direct contact where possible and wash exposed skin areas promptly with water. If any cementitious material gets into the eye, rinse immediately and repeatedly with water and get prompt medical attention. KEEP OUT OF REACH OF CHILDREN

|  |
|--|
| UNLOADING TIME ALLOWED 30 MINUTES PER TRIP<br>EXTRA CHARGE FOR OVER 30 MINUTES → |
| RECEIVED IN GOOD CONDITION<br>BY X   |

Purchaser waives all claims for personal or property damage caused by seller's truck when delivery is made beyond street curb line. If not paid as agreed, this credit agreement provides for your payment of reasonable costs of collection, including, but not limited to, court costs, attorney fees and/or collection agency fees.

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



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

Andrew J. French, Chairperson  
Dwight D. Keen, Commissioner  
Annie Kuether, Commissioner

Laura Kelly, Governor

June 23, 2025

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

Re: ACO-1  
API 15-207-29966-00-00  
BLAKE 26  
SE/4 Sec.28-23S-16E  
Woodson 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 02/06/2025 and the ACO-1 was received on June 23, 2025 (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