

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 31280
Name: Birk Petroleum
Address: 874 12th Rd SW
City/State/Zip: Burlington, Ks 66839
Purchaser: Coffeyville Resources
Operator Contact Person: Brian L. Birk
Phone: (620) 364-5875
Contractor: Name: Edward E. Birk
License: 8210
Wellsite Geologist: None
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW Expl., Cathodic, 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./SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Enhr.?) _____ Docket No. _____

10/06/2006	10/12/2006	10/19/2006
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 207-27064-0000
County: Woodson
NE NW SE Sec. 19 Twp. 23 S. R. 17 East West
2536 feet from (S) / N (circle one) Line of Section
1962 feet from (E) / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Shockley Well #: WSW-B
Field Name: Neosho Falls
Producing Formation: Kansas City
Elevation: Ground: 970.72 Kelly Bushing: _____
Total Depth: 505 Plug Back Total Depth: 501'
Amount of Surface Pipe Set and Cemented at 40' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 501
feet depth to surface w/ 80 sx cmt.

Drilling Fluid Management Plan ALLI KGR 10/31/07
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of 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 form with all plugged wells. 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: Agent Date: 12/01/2006
Subscribed and sworn to before me this 1st day of December
2006
Notary Public: [Signature]
Date Commission Expires: Jan. 22, 2008

LAURA C. BIRK
Notary Public - State of Kansas
My Appt. Expires 01/22/2008

KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
DEC 04 2006
KCC WICHITA

Operator Name: Birk Petroleum Lease Name: Shockley Well #: WSW-B
 Sec. 19 Twp. 23 S. R. 17 East West County: Woodson

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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Submit Copy) List All E. Logs Run: <u>Gamma Ray/Neutron</u> None	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum top soil surface Kansas City 380
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CASING RECORD <input type="checkbox"/> New <input checked="" 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
Surface	12 1/4	8 5/8		40'	Portland A	16	1 sx. Calcium
Casing	6 3/4	4 1/2		501	60/40 Pozmix	80	Gel 2%

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				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	428 - 438'	500 Gal of 20% Hcl acid	

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 11/28/06		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
			10		

Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled

Production Interval Other (Specify) _____

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ID # _____
 Shop # 48-1214033
 Cellular # 156212
 Office # 620 437-2661
 Office Fax # 620 437-7582
 Shop Address: 316 685-5908
 Madison, KS 66860

Hurricane Truck Services, Inc.
P.O. Box 782228
Wichita, KS 67278-2228

Cement and Acid
Service Ticket
T 1543

DATE 10-12-06

COUNTY Woodson CITY _____

CHARGE TO Birk Petroleum
 ADDRESS 874 12th Rd. SW CITY Burlington ST Ks. ZIP 66839
 LEASE & WELL NO. Shockley WSW CONTRACTOR _____
 KIND OF JOB LongString SEC. _____ TWP. _____ RNG. _____
 DIR. TO LOC. _____

OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
80	SKs. 60/40 Pozmix cement	700.00	
140	lbs. Gel 2%	592.80	
		25.20	
	BULK CHARGE		
40	BULK TRK. MILES 3.5 Tons > minimum charge	200.00	
40	PUMP TRK. MILES	110.00	
1	PLUGS 4 1/2" Top Rubber Plug	27.00	
		SALES TAX	
		TOTAL	1655.00

T.D. _____
 SIZE HOLE 6 3/4"
 MAX. PRESS. _____
 PLUG DEPTH _____
 PLUG USED 4 1/2" Top Rubber Plug

CSG. SET AT 501' VOLUME _____
 TBG SET AT _____ VOLUME _____
 SIZE PIPE 4 1/2"
 PKER DEPTH _____
 TIME FINISHED 3:30 p.m.

REMARKS: Rig up to 4 1/2" casing, Break circulation with fresh water.
Mixed 80 SKs. 60/40 Pozmix cement w/ 2% Gel at 14" PPM (yield 1.2%)
Shut down - wash out pump lines - Release Plug - Displace Plug with 8 Bbls water.
Final Pumping at 500 PSI - Bump Plug to 1000 PSI - Release Pressure - Float Held
Close casing in with 0 PSI - Good cement returns to surface Job complete - Tear down

EQUIPMENT USED

NAME Heath Watts UNIT NO. 185
Brad Butler
 CEMENTER OR TREATER

NAME Dan
 RECEIVED
 #914 2006
 DEC 4 2006
 Called by Brian Birk
 OWNER'S REP. **KCC WICHITA**

CONSOLIDATED OIL WELL SERVICES, INC.

P.O. BOX 884, CHANUTE, KS 66720

620-431-9210 OR 800-467-8676

TICKET NUMBER 10815

LOCATION Eureka

FOREMAN Troy Strickler

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-6-06	1519	Shackley WSW				Woodson
CUSTOMER Birk Petroleum			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 874 12th RD			446 Cliff			
CITY Burlington			442 Jeff			
STATE Ks		ZIP CODE 666839				

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 43' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 40' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 # SLURRY VOL _____ WATER gal/sk 6.50 CEMENT LEFT in CASING 10'
 DISPLACEMENT 28W DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting. Rig up to 8 5/8" casing. Break Circulation w/ Fresh Water.
Mixed 30sks Regular Cement w/ 3% Cacl2, 2% Gel + 1/4" Am/sk Floccle @ 14.7 #
Per/gal. Displace w/ 28W water. Shut casing in. Good Cement to surface - 28W
Slurry to Pit.
Job Complete.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE		
5406	45 miles	MILEAGE	620.00	620.00
			3.15	141.75
11045	30sks	Class "A" Cement	11.25	337.50
1102	85 #	Cacl2 37	.64 #	54.40
1118A	55 #	Gel 27	.14 #	7.70
5407		Ton-Mileage Bulk Truck	m/c	275.00
		Thank You!		
			Sub Total	1436.35
			SALES TAX	25.18
			ESTIMATED TOTAL	1461.53

AUTHORIZATION called by Brian

TITLE _____

2097116

RECEIVED

DATE

DEC 04 2006

KCC WICHITA