

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. _____

<u>12/28/06</u>	<u>1/10/07</u>	<u>1/11/07</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 031-22274-0000
County: Coffey
SE NW SW Sec. 16 Twp. 22 S. R. 16 East West
1850 feet from S / N (circle one) Line of Section
1090' feet from E / W (circle one) Line of Section


Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Juanita Wright Well #: 10
Field Name: LeRoy North
Producing Formation: Squirrel
Elevation: Ground: N/A Kelly Bushing: _____
Total Depth: 1030' Plug Back Total Depth: Surface
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 40'
feet depth to Surface w/ 20' sx cmt.

Drilling Fluid Management Plan PA Alt-II Ntt 6-27-08
(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: Linda K. Birk
Title: Geol Date: 2/13/07
Subscribed and sworn to before me this 13th day of February,
2007.
Notary Public: Laura C. Birk
Date Commission Expires: Jan. 22, 2008

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

KCC Office Use ONLY
N Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
KANSAS CORPORATION COMMISSION
FEB 14 2007
CONSERVATION DIVISION
WICHITA, KS

Operator Name: Birk Petroleum Lease Name: Juanita Wright Well #: 10
 Sec. 16 Twp. 22 S. R. 16 East West County: Coffey

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 <i>(Attach Additional Sheets)</i> 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 <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Kansas City</td> <td>363</td> <td></td> </tr> <tr> <td>Squirrel</td> <td>1015'</td> <td></td> </tr> <tr> <td>Dry hole</td> <td></td> <td></td> </tr> </table>	Name	Top	Datum	Kansas City	363		Squirrel	1015'		Dry hole		
Name	Top	Datum											
Kansas City	363												
Squirrel	1015'												
Dry hole													

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	10 5/8	7"	N/A	40'	Portland A	20'	2 Sx Calcium

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 checked="" type="checkbox"/> Plug Off Zone	1030'	60/40 Poz Mix	80	275 lbs. 4% gel

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
Date of First, Resumerd Production, SWD or Enhr. n/a		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls. n/a	Gas Mcf	Water Bbls. n/a	Gas-Oil Ratio	Gravity

Disposition of Gas <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input checked="" type="checkbox"/> Other (Specify) <u>Plugged</u>	Production Interval _____
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RECEIVED
 KANSAS CORPORATION COMMISSION
 FEB 14 2007
 CONSERVATION DIVISION
 WICHITA, KS

FED ID# [REDACTED]
 MC ID # 156212
 Shop # 620 437-2661
 Cellular # 620 437-7582
 Office # 316 685-5908
 Office Fax # 316-685-5926
 Shop Address: 3613A Y Road
 Madison, KS 66860

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

Cement and Acid
 Service Ticket
 T 1728

DATE 1-11-07

COUNTY Coffey CITY _____

CHARGE TO Birk Petroleum
 ADDRESS 874 12th Rd S.W. CITY Burlington ST Ks. ZIP 66839
 LEASE & WELL NO. Juanita Wright #10 CONTRACTOR CO. Tools
 KIND OF JOB P.T.A. SEC. 16 TWP. 22s RNG. 16E
 DIR. TO LOC. _____

OLD NEW

Quantity	MATERIAL USED	Serv. Charge
		600.00
80	SKs. 60/40 Pozmix cement	592.80
275	lbs. Gel 4%	49.50
	BULK CHARGE	
M/L	BULK TRK. MILES	200.00
35	PUMP TRK. MILES	96.25
	PLUGS	
	5.3% SALES TAX	34.04
	TOTAL	1572.59

T.D. 1030' CSG. SET AT _____ VOLUME _____
 SIZE HOLE 5 5/8" TBG SET AT _____ VOLUME _____
 MAX. PRESS. _____ SIZE PIPE _____
 PLUG DEPTH _____ PKER DEPTH _____
 PLUG USED 60/40 Pozmix TIME FINISHED 2:00 p.m.

REMARKS: Set Cement Plugs As follows:

10 SKs at 1030'
10 SKs at 600'
60 SKs at 250' To Surface

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 WICHITA, KS

EQUIPMENT USED

NAME <u>Heath Watts</u>	UNIT NO. <u>#185</u>	NAME <u>Dan #186</u>	UNIT NO.
<u>Brad Butler</u>		<u>Called by Brian</u>	
CEMENTER OR TREATER		OWNER'S REP.	