

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

RECEIVED
SEP 07 2010

Form ACO-1
June 2009

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

KCC WICHITA

ORIGINAL

OPERATOR: License # 31280
Name: Birk Petroleum
Address 1: 874 12th Rd SW
Address 2: _____
City: Burlington State: Kansas Zip: 66839 + _____
Contact Person: Brian L. Birk
Phone: (620) 364-5875
CONTRACTOR: License # 31280
Name: Birk Petroleum
Wellsite Geologist: None
Purchaser: Coffeyville Resources
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
☐ Conv. to GSW
☐ Plug Back: _____ Plug Back Total Depth: _____
☐ Commingled Permit #: _____
☐ Dual Completion Permit #: _____
☐ SWD Permit #: _____
☐ ENHR Permit #: _____
☐ GSW Permit #: _____
7/27/10 7/30/10 7/30/10
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 031-22640-00-00

Spot Description: _____
SW NW SE NW Sec. 23 Twp. 22 S. R. 16 ☒ East ☐ West
3,465 Feet from ☐ North / ☒ South Line of Section
3,795 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Coffey
Lease Name: Gilbert Well #: 24
Field Name: Neosho Falls-LeRoy
Producing Formation: Squirrel
Elevation: -Ground: 1033 Est. Kelly Bushing: _____
Total Depth: 1016' Plug Back Total Depth: 1016'
Amount of Surface Pipe Set and Cemented at: 42' Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 999
feet depth to: 6 w/ 120 sx cm.

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 #: _____

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.

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.

Signature: Laura C. Birk
Title: Agent Date: August 25, 2010

KCC Office Use ONLY

☒ Letter of Confidentiality Received
Date: _____
☐ Confidential Release Date: _____
☐ Wireline Log Received
☐ Geologist Report Received
☐ UIC Distribution
ALT ☐ I ☒ II ☐ III Approved by: DLC Date: 9/10/10

Operator Name: Birk Petroleum Lease Name: Gilbert Well #: 24
 Sec. 23 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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken ☐ Yes ☒ No
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☐ Yes ☒ No

Electric Log Submitted Electronically ☐ Yes ☒ No
 (If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample
 Name Top Datum
 Squirrel 1001'

CASING RECORD ☐ New ☒ 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	9 7/8"	7"	17#	42'	Portland	17sx	Calcium
Longstring	6 1/8"	2 7/8"	6.5#	999'		120sx	

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
____ Perforate				
____ Protect Casing				
____ Plug Back TD				
____ 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
None	Open hole Completion	Frac w/42 sx sand	999'-1016'

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TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. 8/20/10		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. 5	Gas Mcf	Water Bbls. 2	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Meier's Ready Mix, Inc.

Plant P.O. Box 8477 • 1105 N.W. Lower Silver Lk. Rd. • Topeka, Kansas 66608
(785) 233-9900 FAX # 233-9947

Office
(785) 233-2423

PLANT	TIME	DATE 7-30-10	ACCOUNT	TRUCK Costco	DRIVER Pick Up	TICKET
CUSTOMER NAME Birk O.L.			DELIVERY ADDRESS Gilbert #24			
PURCHASE ORDER		ORDER #	TAX			SLUMP

LOAD QTY	PRODUCT	DESCRIPTION	ORDERED	DELIVERED	UNIT PRICE	AMOUNT
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120 Bags Cement

Cement 11280
Water 940

LEAVE PLANT	ARRIVE JOB SITE	START DISCHARGE	FINISH DISCHARGE	ARRIVE PLANT
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SUBTOTAL 1128.00
TAX 71.06
TOTAL
PREVIOUS TOTAL
GRAND TOTAL 1199.06

DRIVER Note here if water has been added and how much.

NOTE
We are not responsible for concrete freezing after placement.
294891

IMPORTANT
We cannot be held responsible for damage caused by our trucks when delivering material beyond the curb-line. Not responsible for quality of concrete if water is added by purchaser.

Caution:
FRESH CONCRETE
Body or eye contact with fresh (moist) concrete should be avoided because it contains alkali and is caustic.

Pl. # 6263

Received By

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