

SEP 14 2010

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

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

KCC WICHITA

OPERATOR: License # 31280  
Name: Birk Petroleum  
Address 1: 874 12th Rd SW  
Address 2: \_\_\_\_\_  
City: Burlington State: Ks Zip: 66839 + \_\_\_\_\_  
Contact Person: Brian L. Birk  
Phone: (620) 364-1311 - office  
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 #: \_\_\_\_\_  
05/07/2010      05/11/2010      05/12/2010  
Spud Date or      Date Reached TD      Completion Date or  
Recompletion Date           Recompletion Date

API No. 15 - 031-22513-00-00  
Spot Description: \_\_\_\_\_  
NE SW SE SE Sec. 15 Twp. 22 S. R. 16  East  West  
495 Feet from  North /  South Line of Section  
825 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Coffey  
Lease Name: Klaus Well #: 62  
Field Name: Neosho Falls-LeRoy  
Producing Formation: Squirrel  
Elevation: Ground: 1034 est. Kelly Bushing: \_\_\_\_\_  
Total Depth: 1030 Plug Back Total Depth: 1030  
Amount of Surface Pipe Set and Cemented at: 60 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: 1020  
feet depth to: surface w/ 120 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 #: \_\_\_\_\_

**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: [Signature]  
Title: Agent Date: 09/13/2010

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: [Signature] Date: 9/15/10

Operator Name: Birk Petroleum Lease Name: Klaus Well #: 62  
 Sec. 15 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 <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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, 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-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Squirrel Sand</td> <td>1021</td> <td>+13</td> </tr> </table>	Name	Top	Datum	Squirrel Sand	1021	+13
Name	Top	Datum					
Squirrel Sand	1021	+13					

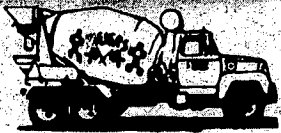
CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	9 7/8"	7"	17#	60'	Portland	37	Calcium
Long String	5 7/8"	2 7/8"	6.5#	1020'	Portland	120	

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
None	Open hole completion 1020-1030'	Frac w/42 sx sand	1020-1030
		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">                     RECEIVED                      SEP 14 2010                      KCC WICHITA                 </div>	

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. 05/26/2010		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. 3
			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 <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	---	--



# Meier's Ready Mix, Inc.

Plant  
(785) 233-9900

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

Office  
(785) 233-2423

PLANT	TIME	DATE	ACCOUNT	TRUCK	DRIVER	TICKET
		5/22/10		1221	CEM	
CUSTOMER NAME			DELIVERY ADDRESS			
E. Klaus			Birkon			
PURCHASE ORDER		ORDER #	TAX			SLUMP
		280306				

LOAD QTY	PRODUCT	DESCRIPTION	ORDERED	DELIVERED	UNIT PRICE	AMOUNT
----------	---------	-------------	---------	-----------	------------	--------

120 Bag Cement

Cement 11280  
Water 940

LEAVE PLANT	ARRIVE JOB SITE	START DISCHARGE	FINISH DISCHARGE	ARRIVE PLANT
-------------	-----------------	-----------------	------------------	--------------

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

NOTE

IMPORTANT

We are not responsible for concrete freezing after placement.

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.

280306

SUBTOTAL 112800  
TAX 59.78  
TOTAL 1187.78  
PREVIOUS TOTAL 1187.78  
GRAND TOTAL 593.89  
1781.67

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

Received By: \_\_\_\_\_

RECEIVED  
SEP 14 2010  
KCC WICHITA