

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
June 2009

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

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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 #: _____

| 10/11/10 | 10/18/10 | 10/18/10 |
|-----------------------------------|-----------------|---|
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 031-22657-00-00

Spot Description: _____
SE - SE - SE - NW Sec. 23 Twp. 22 S. R. 16 East West

2,805 Feet from North / South Line of Section

2,805 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Coffey

Lease Name: Gilbert Well #: 29

Field Name: Neosho Falls-LeRoy

Producing Formation: Squirrel

Elevation: Ground: 1032 est Kelly Bushing: _____

Total Depth: 1021' Plug Back Total Depth: 1021'

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: 1002
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: 10/27/10

KCC Office Use ONLY

Letter of Confidentiality Received
Date: _____ **RECEIVED**

Confidential Release Date: _____

Wireline Log Received **NOV 03 2010**

Geologist Report Received

UIC Distribution

ALT I II III Approved by: [Signature] Date: 11/12/10

Operator Name: Birk Petroleum Lease Name: Gilbert Well #: 29
 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 <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>1004</td> <td></td> </tr> </table> | Name | Top | Datum | Squirrel Sand | 1004 | |
| Name | Top | Datum | | | | | |
| Squirrel Sand | 1004 | | | | | | |

| 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 | 48 | Calcium |
| Long String | 6 1/8" | 2 7/8" | 6.5# | 1002' | 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 1002-1021' | | |
| | | | |
| | | | |
| | | | |

| | | | | |
|--|-----------|---|-------------|---|
| 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. pending | | 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. | Gas Mcf | Water Bbls. | 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 12 | TIME | DATE 10-18-10 | ACCOUNT | TRUCK Dwn | DRIVER | TICKET |
|-------------|------|------------------|---------|--------------|--------|--------|

| | |
|---------------------------|---|
| CUSTOMER NAME Birk Oil | DELIVERY ADDRESS Gilbert 29 th St |
|---------------------------|---|

| | | | | | |
|----------------|---------|-----|--|--|-------|
| PURCHASE ORDER | ORDER # | TAX | | | SLUMP |
|----------------|---------|-----|--|--|-------|

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

Check 6147

Cement 11280
Water 840

120 Bag Cement

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

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

NOTE

We are not responsible for concrete freezing after placement.
294132

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.

SUBTOTAL 1128.00
 TAX 71.06
 TOTAL 1199.06
 PREVIOUS TOTAL
 GRAND TOTAL 1199.06

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

Received By _____

RECEIVED
 NOV 03 2010
 KCC WICHITA