

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 #: _____

10/27/2010 10/28/2010 10/28/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 031-22737-00-00

Spot Description: _____

NW NW SW NW Sec. 22 Twp. 22 S. R. 16 ☒ East ☐ West
1,595 Feet from ☒ North / ☐ South Line of Section
55 Feet from ☐ East / ☒ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☐ SW

County: Coffey

Lease Name: Klaus Well #: WSW

Field Name: Neosho Falls-LeRoy

Producing Formation: Kansas City Lime

Elevation: Ground: 1031 est. Kelly Bushing: _____

Total Depth: 575 Plug Back Total Depth: 575

Amount of Surface Pipe Set and Cemented at: 41 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 397.55

feet depth to: surface w/ 60 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: Laura C. Burt

Title: Agent Date: 11/16/2010

KCC Office Use ONLY

☐ Letter of Confidentiality Received

Date: NOV 19 2010

☐ Confidential Release Date: _____

☐ Wireline Log Received

☐ Geologist Report Received

☒ UIC Distribution

ALT ☐ I ☒ II ☐ III Approved by: DLC Date: 11/23/10

RECEIVED

KCC WICHITA

Operator Name: Birk Petroleum Lease Name: Klaus Well #: WSW
 Sec. 22 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

See attached drill log

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	12 1/4"	8 5/8"		41'	Portland	16	Calcium
Long String	6 3/4"	4 1/2"		397.55	Portland	60	

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 397.55-575'	700 gal. 15% HCL Acid	397.55-575

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: ☐ Yes ☐ No
----------------	-------	---------	------------	---

Date of First, Resumed Production, SWD or ENHR. 11/11/2010	Producing Method: ☐ Flowing ☒ Pumping ☐ Gas Lift ☐ Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf
	Water Bbls.	Gas-Oil Ratio
		Gravity

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled (Submit ACO-5) (Submit ACO-4) ☐ 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 10-28-10	ACCOUNT	TRUCK OWN	DRIVER	TICKET
-------------	------	------------------	---------	--------------	--------	--------

CUSTOMER NAME

BICK OIL

DELIVERY ADDRESS

K.L. 15 H.W.S.W.

PURCHASE ORDER

ORDER #

TAX

SLUMP

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

60
~~75~~ Bag Cement

Cement ~~42.00~~
Water 4.20

pd CH# 6208

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.

294306

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

TAX

TOTAL

PREVIOUS TOTAL

GRAND TOTAL

564.00
~~412.00~~
71.06
41.17
~~412.00~~
605.17

**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 19 2010
KCC WICHITA