

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 # 33453
Name: Stephen C. Jones
Address 1: 12 N. Armstrong
Address 2: _____
City: Bixby State: OK Zip: 74008 + _____
Contact Person: Steve Jones
Phone: (918) 366-3710
CONTRACTOR: License # Stephen C. Jones
Name: 33453
Wellsite Geologist: N/A
Purchaser: _____

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 #: _____
9/7/10 10/19/10 5-3-2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 031-22722-00-00
Spot Description: _____
SE SE SE Sec. 20 Twp. 22 S. R. 14 East West
330 Feet from North / South Line of Section
330 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Coffey
Lease Name: J. Birk Well #: 5
Field Name: Wildcat
Producing Formation: Upper Squirrel sand
Elevation: Ground: 1175 Kelly Bushing: 1179
Total Depth: 1510 Plug Back Total Depth: 1500
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: 42
feet depth to: surface w/ 25 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
County: _____ Permit #: _____

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OCT 11 2011
KCC WICHITA

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: Stephen C. Jones
Title: Operator Date: 10-4-2011

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: DJg Date: 11/3/11

Operator Name: Stephen C. Jones Lease Name: J. Birk Well #: 5
 Sec. 20 Twp. 22 S. R. 14 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray Neutron	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input 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>Upper Squirrel Sand</td> <td>1395</td> <td></td> </tr> </table>	Name	Top	Datum	Upper Squirrel Sand	1395	
Name	Top	Datum					
Upper Squirrel Sand	1395						

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	12 1/4"	8 5/8"	20	42	Class A	25	N/A
Production	6 3/4"	4 1/2"	9.5	1500	Class A	200	Bentonite

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
4 shots/ft	1397.5 to 1401.5	50 gal. of 15% HCL Acid	1397.5 to
		3000 lbs. of 12/20 sand	1401.5

TUBING RECORD: Size: <u>2 3/8"</u> Set At: <u>1420</u> Packer At: <u>N/A</u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. shut in	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. <u>2</u> Gas Mcf <u>5</u> Water Bbls. <u>20</u> Gas-Oil Ratio <u>N/A</u> Gravity <u>20</u>

DISPOSITION OF GAS: <input checked="" 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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ARMOUR MANAGEMENT, INC.

12 North Armstrong
Bixby, OK 74008
(918) 366-3710
Fax (918) 366-3715

10-20-2010

**J Birk #5
SE SE SE Section 20, Twp 22S, Rng 14E
Coffey County, Kansas**

**150 Sacks Class A Cement
10 Sacks Gel**

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OCT 27 2011
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DIEBOLT LUMBER AND SUPPLY INC.

2661 Nebraska Road
 La Harpe, Kansas 66751
 FAX: (620) 496-2226
 PHONE: (620) 496-2222

J. Birk 5



CUST NO: 5 JOB NO: 1000 PURCHASE ORDER: REFERENCE: 620-203-0829 TERMS: CASH/CHECK/BANKCARD: AC DATE/TIME: 10/20/10

SOLD TO:
 CASH

SHIP TO:
 ARMOUR MANAGEMENT
 604 HWY 58 SW
 GRIDLEY KS

TERMINAL: 561

DEL DATE: 10/20/10

SALESPERSON: AC ART CHAPMAN
 TAX: 001 KANSAS TAX

ORDER: 816833

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	LOCATION	UNITS	PRICE PER	EXTENSION
1		150	BG	94PC	94# TYPE I PORTLAND CEMENT	2	150	9.00 /BG	1,350.00 *
2		1	EA	80	FUEL SURCHARGE	S/O	1	25.00 /EA	25.00 *
3		5	EA	38	PALLET CHARGES	S/O	5	14.00 /EA	70.00

*Return
 3 pallets
 Total
 1503.38
 check
 2478*

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TAXABLE 1445.00
 NON-TAXABLE 0.00
 SUBTOTAL 1445.00

DEPOSIT AMT 0.00
 BALANCE DUE 1550.49

TAX AMOUNT 105.49
TOTAL 1550.49



TOT WT: 14100.00

X
 Received By _____