

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

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

ORIGINAL

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
CONTRACTOR: License # 33557
Name: Sky Drilling LLC
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: Birk Petroleum
Well Name: Demler 12
Original Comp. Date: 11/4/11 Original Total Depth: 1660

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 #: _____

01/23/2012	01/30/2012	01/30/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 031-23015-00-01

Spot Description:
SE SW NE SE Sec. 6 Twp. 23 S. R. 15 East West
1,485 Feet from North / South Line of Section
900 Feet from East / West Line of Section

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

County: Coffey
Lease Name: Demler Well #: 12
Field Name: Winterschied
Producing Formation: Dry
Elevation: Ground: 1119 est. Kelly Bushing: _____
Total Depth: 2032 Plug Back Total Depth: surface
Amount of Surface Pipe Set and Cemented at: 200 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: see plugging report
feet depth to: surface w/ 135 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 #: _____

RECEIVED
MAR 15 2012

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: [Signature]
Title: Agent Date: 03/12/2012

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UTC Distribution
- ALT I II III Approved by: Dg Date: 3/15/12



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 33596
LOCATION Eureka
FOREMAN Steve Mearl

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT APT # 15-031-23015

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-30-12	1519	Demier # 12	6	235	NE	Coffey
CUSTOMER			TRUCK #			
Bick Petroleum			DRIVER			
MAILING ADDRESS			TRUCK #			
874 12 th Rd SW			DRIVER			
CITY			TRUCK #			
Burlington			DRIVER			
STATE			TRUCK #			
KS			DRIVER			
ZIP CODE			TRUCK #			
66839			DRIVER			

JOB TYPE PTA HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting Plug Well As Follow

15 sks AT 2032'
15 sks AT 750'
90 sks 25070 surface
15 sks Rathole
135 sks 60/40 per mix w/ Gel
Job Complete Rig down
Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1030.00	1030.00
5406	45	MILEAGE	4.00	180.00
1131	135 sks	60/40 per mix Cement	12.55	1694.25
118B	460 #	Gel 4%	.21	96.60
5407	5.80 Tons	Ton mileage Bulk Truck	MVC	350.00
5502C	5 hrs	8000 Vacuum Truck	90.00	450.00
1123	2000	CITY WATER	16.50	33.00
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KCC WICHITA				
			Subtotal	3833.85
			SALES TAX <u>6.3%</u>	114.94
			ESTIMATED TOTAL	3948.79

Rev'n 8737

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.