



KANSAS CORPORATION COMMISSION 1087119
OIL & GAS CONSERVATION DIVISION

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 # 8210
Name: Birk, Edward E.
Address 1: 302 S 16TH ST
Address 2: _____
City: BURLINGTON State: KS Zip: 66839 + 2329
Contact Person: Edward E Birk
Phone: (620) 364-2745
CONTRACTOR: License # 8210
Name: Birk, Edward E.
Wellsite Geologist: None
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 #: _____

<u>04/11/2012</u>	<u>04/12/2012</u>	<u>04/12/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-031-23176-00-00
Spot Description: _____
SE SE NW SW Sec. 28 Twp. 22 S. R. 17 East West
1485 Feet from North / South Line of Section
4125 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Coffey
Lease Name: West Well #: 25
Field Name: Parmely
Producing Formation: Squirrel
Elevation: Ground: 1044 Kelly Bushing: 1049
Total Depth: 979 Plug Back Total Depth: 979
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: 964
feet depth to: 0 w/ 120 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 0 ppm Fluid volume: 0 bbls
Dewatering method used: Evaporated
Location of fluid disposal if hauled offsite:
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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.

Submitted Electronically

KCC Office Use ONLY	
<input type="checkbox"/> Letter of Confidentiality Received	Date: _____
<input type="checkbox"/> Confidential Release Date: _____	
<input type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanna Garbar</u> Date: <u>07/12/2012</u>



1087119

Operator Name: Birk, Edward E. Lease Name: West Well #: 25
 Sec. 28 Twp. 22 S. R. 17 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 Wireline 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 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>964</td> <td>+80</td> </tr> </table>	Name	Top	Datum	Squirrel Sand	964	+80
Name	Top	Datum					
Squirrel Sand	964	+80					

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 casing	9.875	7.0	17	42	Portland	14	Calcium
Long string	6.125	2.875	6.50	964	Portland	120	

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
0	open hole 964-979	frac w/40 sx sand	964-979

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. 04/28/2012		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. 1	Gas Mcf	Water Bbls. Gas-Oil Ratio Gravity

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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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802 N. Industrial Rd.
P.O. Box 664
Iola, Kansas 66749
Phone: (620) 365-5588

Payless Concrete Products, Inc.



CONDITIONS
Concrete to be delivered to the nearest accessible point over passable road, under truck's own power. Due to delivery at owner's or intermediary's direction, seller assumes no responsibility for damage in any manner to sidewalks, roadways, driveways, buildings, trees, shrubbery, etc., which are at customer's risk. The maximum allowed time for unloading trucks is 5 minutes per yard. A charge will be made for holding trucks longer. This concrete contains correct water contents for strength of mix indicated. We do not assume responsibility for strength test when water is added at customer's request.

NOTICE TO OWNER
Failure of the contractor to pay those persons supplying material or services to complete this contract can result in the filing of a mechanic's lien on the property which is the subject of this contract.

SOLD TO
BE001
B & B COOPERATIVE VENTURES
900 S. FOURTH ST.

811/20
B & B COOPERATIVE VENTURES
58 W TO WAYSIDE N 1 MI TO 5TH
north past tanks

BURLINGTON KS
66835

LEASE: WEST #25

SHIP TO:

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	% CAL	DRIVER/TRUCK	% AIR	PLANT/TRANSACTION #
10:12:45a	WELL	12.00 yd	12.00 yd	0.00	WK 35	0.00	COFCO
DATE	LOAD #	YARDS DEL	BATCH#	WATER TRIM	SLUMP	TICKET NUMBER	
04-12-12	6 Today	72.00 yd 12.00 yd	20179	6/yd	4.00 in	31339	

WARNING
IRRITATING TO THE SKIN AND EYES
Contains Portland Cement. Wear Rubber Boots and Gloves. PROLONGED CONTACT MAY CAUSE BURNS. Avoid Contact With Eyes and Prolonged Contact With Skin. In Case of Contact With Skin or Eyes, Flush Thoroughly With Water. If Irritation Persists, Get Medical Attention. KEEP CHILDREN AWAY.

CONCRETE is a PERISHABLE COMMODITY and BECOMES the PROPERTY of the PURCHASER UPON LEAVING the PLANT. ANY CHANGES OR CANCELLATION of ORIGINAL INSTRUCTIONS MUST be TELEPHONED to the OFFICE BEFORE LOADING STARTS.

The undersigned promises to pay all costs, including "as-concrete attorneys' fees, incurred in collecting any sums owed.

All accounts not paid within 30 days of delivery will bear interest at the rate of 24% per annum.

Not Responsible for Retardive Aggregate or Color Quality. No Claim Allowed Unless Made at Time Material is Delivered.

A \$25 Service Charge and Loss of the Cash Discount will be contacted on all Returned Checks.

Excess Delay Time Charged @ \$200HR

PROPERTY DAMAGE RELEASE
(To be signed if delivery to be made inside curb line)

Dear Customer-The driver of this truck in presenting this RELEASE to you for your signature is of the opinion that the size and weight of his truck may possibly cause damage to the premises and/or adjacent property if it places the material in the load where you desire it. It is our wish to help you in every way that we can, but in order to do this the driver is requesting that you sign this RELEASE, relieving him and the supplier from any responsibility from any damage that may occur to the premises and/or adjacent property, buildings, sidewalks, driveways, curbs, etc., by the delivery of this material, and that you also agree to help him remove mud from the wheels of his vehicle so that he will not stain the public street. Further, as additional consideration, the undersigned agrees to indemnify and hold harmless the driver of the truck and his supplier for any and all damage to the premises and/or adjacent property which may be claimed by anyone to have arisen out of delivery of this order.

SIGNED _____

X _____

Excessive Water is Detrimental to Concrete Performance.
H₂O Added By Request/Authorized By _____

GAL X _____

WEIGHMASTER _____

NOTICE: MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE HEALTH WARNING NOTICE AND SUPPLIER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED WHEN DELIVERING INSIDE CURB LINE.

LOAD RECEIVED BY: _____

X _____

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
12.00	WELL	WELL (10 BAGS PER UNIT)	12.00	51.00
12.00	MIX&HAUL	MIXING & HAULING	12.00	25.00
2.50	TRUCKING	TRUCKING CHARGE	2.50	50.00

BWB

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED
			1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER 6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER	
				SubTotal \$ 1037.00
				Tax @ 6.300 65.33
				Total \$ 1102.33
				Order \$ 1102.33
				ADDITIONAL CHARGE 1 _____
				ADDITIONAL CHARGE 2 _____
				GRAND TOTAL ▶ _____

LEFT PLANT	ARRIVED JOB	START UNLOADING
10:29	10:59	
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME

EDWARD E BIRK
 302 SOUTH 16TH
 BURLINGTON, KS 66839
 620-364-1311 - OFFICE, 620-364-6719 - CELL

SERVICE TICKET
 WELL CEMENTING

CHARGE TO Edward Birk COUNTY Cf. DATE: 04/12/12
 ADDRESS _____ CITY _____ ST _____ ZIP _____
 LEASE & WELL NO. West #25 CONTRACTOR _____
 KIND OF JOB Cement Long String SEC 28 TWP 22 RG 17E
 DIR. TO LOC. _____ OLD NEW

QUANTITY	MATERIAL USED	SERV. CHG
<u>120 Sx</u>	<u>Portland Cement</u>	
	BULK CHARGE	
	BULK TRK. MILES	
	PUMP TRK. MILES	
	PLUGS	
	TOTAL	

T.D. 979' CSG. SET AT 964' VOLUME _____
 SIZE HOLE 6 1/8" TBG SET AT — VOLUME _____
 MAX. PRESS. _____ SIZE PIPE 2 7/8"
 PLUG DEPTH _____ PKER DEPTH _____ PLUG USED _____

TIME FINISHED: _____
 REMARKS: Connect to pipe. Pump Cement into well. Circ. to surface. Job complete.

NAME _____
 _____ Edward Birk _____
 _____ Ed Birk _____
 CEMENTER OR TREATER _____ OWNER'S REP. _____