



KANSAS CORPORATION COMMISSION 1085727
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: 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 #: _____
02/02/2012 02/06/2012 02/07/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-031-23168-00-00
Spot Description: _____
NW NW SW SW Sec. 28 Twp. 22 S. R. 17 East West
1155 Feet from North / South Line of Section
5115 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Coffey
Lease Name: West Well #: 21
Field Name: Parmely
Producing Formation: Squirrel
Elevation: Ground: 1046 Kelly Bushing: 1051
Total Depth: 974 Plug Back Total Depth: 974
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: 959
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

Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Gerrits Date: 06/28/2012



1085727

Operator Name: Birk, Edward E. Lease Name: West Well #: 21
 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 Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Squirrel Sand	959 +87
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Electric Log Submitted Electronically (If no, Submit Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			

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	958	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 958-974		

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. 04/08/2012			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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	
	1					

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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EDWARD E BIRK
 302 SOUTH 16TH
 BURLINGTON, KS 66839
 620-364-1311 - OFFICE, 620-364-6719 - CELL

SERVICE TICKET
 WELL CEMENTING

COUNTY G. DATE: 02/07/12
 CITY _____

CHARGE TO Edward Birk
 ADDRESS _____ CITY _____ ST _____ ZIP _____
 LEASE & WELL NO. West #21 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. 974' CSG. SET AT 958' 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. Good circ. to surface. Job complete.

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

802 N. Industrial Rd.
P.O. Box 664
Iola, Kansas 66749
Phone: (620) 365-5588

Payless Concrete Products, I.V.C.



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, we assume no responsibility for damages in any manner to sidewalks, roadways, driveways, buildings, trees, shrubbery, etc., which are at customer's risk. The maximum allotted 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 or 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.

SHIP TO:

B0001
B & B COOPERATIVE VENTURES
900 S. FOURTH ST.

B11/20
B & B COOPERATIVE VENTURES
58 W TO WAYSIDE N 1 MI TO 5TH
E ON DIRT RD #1 SD

BURLINGTON KS
66839

LEASE: WEST #21

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	% C&I	DRIVER/TRUCK	% O/P	PLANT/TRANSACTION #
11:19:26a	WELL	12.00 yd	12.00 yd	0.00	34	0.00	COFCO
DATE	To Date	LOAD #	YARDS DEL	BATCH#	WATER TRIM	SLUMP	TICKET NUMBER
02-07-12	Today	2	24.00 yd	19673	6/yd	0.0 4.00 in	31029

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 reasonable 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 Reactive Aggregates 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 collected on all Returned Checks.

Excess Delay Time Charged @ \$20/Hr

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 this 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 for 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 lose the public driver. Further, as additional consideration, the undersigned agrees to indemnify and hold harmless the driver of this truck and this 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 the 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 SACKS PER UNIT)	24.00	51.00 612.00
12.00	MIX&HAUL	MIXING & HAULING	24.00	25.00 300.00
2.50	TRUCKING	TRUCKING CHARGE	5.00	50.00 125.00

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED	SubTotal \$
		13:20	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	1037.00
					Tax % 6.300 65.33
					Total \$ 1102.33
					Order \$ 2204.66
					ADDITIONAL CHARGE 1 _____
					ADDITIONAL CHARGE 2 _____
					GRAND TOTAL ▶ _____

LEFT PLANT 11:35
ARRIVED JOB 12:05
START UNLOADING 12:10

TOTAL ROUND TRIP
TOTAL AT JOB
UNLOADING TIME

SubTotal \$ 1037.00
Tax % 6.300 65.33
Total \$ 1102.33
Order \$ 2204.66
ADDITIONAL CHARGE 1 _____
ADDITIONAL CHARGE 2 _____
GRAND TOTAL ▶ _____