



KANSAS CORPORATION COMMISSION 1092770
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 # 31280
Name: Birk, Brian L. dba Birk Petroleum
Address 1: 874 12TH RD SW
Address 2: _____
City: BURLINGTON State: KS Zip: 66839 + 9255
Contact Person: Brian L Birk
Phone: (620) 364-5875
CONTRACTOR: License # 30567
Name: Rig 6 Drilling Co., Inc.
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 #: _____

| | | |
|-----------------------------------|-------------------|---|
| <u>04/30/2012</u> | <u>05/03/2012</u> | <u>05/03/2012</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-207-28128-00-00

Spot Description: _____

N2 NE SW SW Sec. 26 Twp. 25 S. R. 15 East West
1155 Feet from North / South Line of Section
4290 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Woodson

Lease Name: Dale Adams Well #: 18

Field Name: Yates Center

Producing Formation: Squirrel

Elevation: Ground: 1066 Kelly Bushing: 1066

Total Depth: 1481 Plug Back Total Depth: 1475

Amount of Surface Pipe Set and Cemented at: 40 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 1475

feet depth to: 0 w/ 200 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 Garrisor Date: 09/07/2012



1092770

Operator Name: Birk, Brian L. dba Birk Petroleum Lease Name: Dale Adams Well #: 18
 Sec. 26 Twp. 25 S. R. 15 East West County: Woodson

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 checked="" 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 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</td> <td>1036</td> <td>+30</td> </tr> <tr> <td>Mississippi</td> <td>1439</td> <td>-373</td> </tr> </table> | Name | Top | Datum | Squirrel | 1036 | +30 | Mississippi | 1439 | -373 |
| Name | Top | Datum | | | | | | | | |
| Squirrel | 1036 | +30 | | | | | | | | |
| Mississippi | 1439 | -373 | | | | | | | | |

| 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 | 12.25 | 8.625 | 18 | 40 | Portland | 12 | Calcium |
| Long String | 6.75 | 2.875 | 6.5 | 1475 | Portland | 200 | |
| | | | | | | | |

| 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 <i>(Amount and Kind of Material Used)</i> | Depth |
|----------------|---|--|-------|
| 2 | 1039-1049', 1085-1095' | | |
| | | | |
| | | | |
| | | | |

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ 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: <input 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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ | PRODUCTION INTERVAL: _____ _____ |
|---|--|--|

BIRK PETROLEUM

874 12TH RD SW

BURLINGTON, KS 66839

620-364-1311 - OFFICE, 620-364-6646 - CELL

WELL CEMENTING

SERVICE TICKET

COUNTY W0.

DATE: 05/03/12
CITY _____

CHARGE TO Birk Petroleum

ADDRESS _____

LEASE & WELL NO. Dale Adams #18

CONTRACTOR Compan Tools

KIND OF JOB Cement long string

SEC 26 TWP 25 RG 15E

DIR. TO LOC. _____

OLD NEW

| QUANTITY | MATERIAL USED | SERV. CHG |
|---------------|-------------------------|-----------|
| <u>200 Sx</u> | <u>Portland Cement.</u> | |
| | | |
| | | |
| | | |
| | | |
| | BULK CHARGE | |
| | BULK TRK. MILES | |
| | PUMP TRK. MILES | |
| | | |
| | PLUGS | |
| | | |
| | TOTAL | |

T.D. 1481'

CSG. SET AT 1475'

VOLUME _____

SIZE HOLE 6 3/4"

TBG SET AT _____

VOLUME _____

MAX. PRESS. _____

SIZE PIPE 2 7/8" casing

PLUG DEPTH _____

PKER DEPTH _____

PLUG USED _____

TIME FINISHED: _____

REMARKS: Connect to pipe. Pump cement into well. Good circ. to surface. Job complete.

NAME _____

CEMENTER OR TREATER _____

OWNER'S REP. [Signature]

1802 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 damages in any manner to sidewalks, roadways, driveways, buildings, trees, structures, etc., which are at customer's risk. The customer 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 or size 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:

HB001
B & B COOPERATIVE VENTURES
900 S. FOURTH ST.

BURLINGTON KS
60339

SHIP TO:

RT 1712
B & B COOPERATIVE VENTURES
54 HWY. W TO 75 HWY S 2.5 MI
E END JUST PAST 90TH
LOOK FOR TANKS
DAN ADAMS 18

| TIME | FORMULA | LOAD SIZE | YARDS ORDERED | X GAL | DRIVER/TRUCK | X AIR | PLANT/TRANSACTION# |
|-----------|---------|-----------|---------------|----------|--------------|---------------|--------------------|
| 03:39:51p | WELL | 10.00 yd | 20.00 yd | 0.00 | BD 31 | 0.00 | WOODCO |
| DATE | LOAD # | YARDS DEL | BATCH# | WATER/TM | SUMP | TICKET NUMBER | |
| 05-03-12 | 1 | 10.00 yd | 20402 | 0/yd 0.0 | 4.00 in | 31481 | |

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 attorney's fees, incurred in collecting any sums owed.

All accounts not paid within 30 days of delivery will bear interest at the rate of 2% per annum.

Not Responsible for Reactive Aggregate or Color Quality. No Chain 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 @ \$50/HR.

PROPERTY DAMAGE RELEASE
(I TO BE SIGNED IF DELIVERY TO BE MADE INSIDE CURB LINES)

I, the undersigned, hereby release the driver of this truck from any and all liability for any damage to the premises and/or adjacent property if a check is placed in this truck where you state 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, allowing him and the carrier to be held responsible for any damage that may occur to the premises and/or adjacent property, buildings, sidewalks, driveways, etc., by the delivery of this material, and that you also agree to help him remove such items from the wheels of the vehicle so that he will not litter the public street. Further, an additional agreement that the undersigned agrees to indemnify and hold harmless the driver of this truck and the carrier for any and all damage to the premises and/or adjacent property which may be claimed by anyone in the future.

SIGNED:
X _____

Excessive Water is Detrimental to Concrete Performance
H₂O Added By Request Authorized By
GAL X

WEIGHMASTER

LOC RECEIVED BY:
X _____

| QUANTITY | CODE | DESCRIPTION | PRICE | EXTENSION |
|----------|------------|--------------------------|-------|-----------|
| 10.00 | WELL | WELL (10 SACKS PER UNIT) | 10.00 | 51.00 |
| 10.00 | MTX & HAUL | MIXING & HAULING | 18.00 | 25.00 |
| 2.50 | TRUCKING | TRUCKING CHARGE | 2.50 | 50.00 |
| | | | | 519.00 |
| | | | | 250.00 |
| | | | | 125.00 |

| RETURNED TO PLANT | LEFT JOB | FINISH UNLOADING | DELAY EXPLANATION/CYLINDER TEST TAKEN | TIME ALLOWED | Subtotal \$ |
|-------------------|----------|------------------|--|--|---------------------|
| | | 16:35 | 1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ACCIDENT | 6. TRUCK BROKE DOWN 7. ACCIDENT 8. OTHER | 885.00 |
| | | | | | Tax @ 7.30% |
| | | | | | 64.61 |
| | | | | | Initial \$ |
| | | | | | 949.61 |
| | | | | | Under \$ |
| | | | | | ADDITIONAL CHARGE 1 |
| | | | | | ADDITIONAL CHARGE 2 |
| | | | | | GRAND TOTAL |