



KANSAS CORPORATION COMMISSION 1092778
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>05/23/2012</u>	<u>05/25/2012</u>	<u>05/25/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-28129-00-00

Spot Description: _____

N2 SW SE SW Sec. 26 Twp. 25 S. R. 15 East West
495 Feet from North / South Line of Section
3630 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 #: 19

Field Name: Yates Center

Producing Formation: Mississippi

Elevation: Ground: 1064 Kelly Bushing: 1064

Total Depth: 1482 Plug Back Total Depth: 1474

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: 1474

feet depth to: 0 w/ 165 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



1092778

Operator Name: Birk, Brian L. dba Birk Petroleum Lease Name: Dale Adams Well #: 19
 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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" 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	1032 +32
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mississippi	1414 -350
Electric Log Submitted Electronically (If no, Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			
Gamma Ray/Neutron			

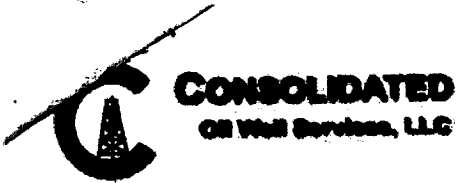
CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface Casing	12.25	8.625	18	40	Portland	12	Calcium
Long String	6.75	4.50	9.50	1474	60/40 PozMix	165	

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
2	1417-1427', 1438-1448'	100 Gal. 15% HCL on perfs	1417-1427', 1438-1448'

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. 05/30/2012	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. 5	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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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ENTERED

TICKET NUMBER 34697
 LOCATION Eureka, KS
 FOREMAN Shannon Feck

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

FIELD TICKET & TREATMENT REPORT
 CEMENT API # 15-207-28129

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-25-12	1519	Dale Adams #19	26	255	15 E	Woodson
CUSTOMER <u>Birk Petroleum</u>			Rig <u>6</u>			
MAILING ADDRESS <u>874 12th RD SW</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY <u>Burlington</u> STATE <u>KS</u> ZIP CODE <u>66839</u>			<u>445</u>	<u>Dave G</u>		
			<u>611</u>	<u>Joy K</u>		
			<u>479</u>	<u>Merle R</u>		
			<u>452/1163</u>	<u>Jim M</u>		

JOB TYPE Longstring HOLE SIZE 6 3/4" HOLE DEPTH 1482' CASING SIZE & WEIGHT 4 1/2" - 11.60# Nav
 CASING DEPTH 149' K.B. DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.2-13.6 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 23 1/2 bbl DISPLACEMENT PSI 600 MIX PSI Bump Plug @ 1100 RATE 5 BPM

REMARKS: Safety Meeting, Rig up to 4 1/2" casing, break circulation with 10 Bbl water mixed 115 SKS 60/40 portland cement with 6% gal & 1# phenoseal/sk, as our lead cement. Tailed in with 50 SKS Thick Set cement with 5# Kol-seal/sk. Shut down wash out pump & lines & displace with 23 1/4 Bbl water. Final pumping pressure of 600 psi, bumped plug to 1100 psi. Plug & Float held good. 6 Bbl Slurry to pit. Good circulation @ all times. Job complete.

"Thanks Shannon & Crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	35	MILEAGE	4.00	140.00
1131	115 SKS	60/40 portland } Lead	12.55	1443.25
1118 B	594 #	gal @ 6% } cement	.21	124.74
1107 A	120 #	Phenoseal @ 1#/sk	1.29	154.80
1126 A	50 SKS	Thick Set Cement } Tail	19.20	960.00
1110 A	250 #	Kol-seal @ 5#/sk } cement	.46	115.00
5501 C	4 Hours	Water Transport	112.00/Hour	448.00
1123	5000 gals	City water	16.50/1000 gal	82.50
5407	2	Ton mileage bulk Truck (x2)	350.00	700.00
4404	1	4 1/2 Rubber Plug	45.00	45.00
			Sub Total	5243.29
			SALES TAX 7.3%	213.56
			ESTIMATED TOTAL	5456.85

Rev'n 3737

AUTHORIZATION Ron Paffonberger TITLE Driller 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.