

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 SLOW
 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>05/29/2012</u>	<u>06/05/2012</u>	<u>06/05/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-28157-00-00
 Spot Description: _____
N2_NE_SE_SW Sec. 26 Twp. 25 S. R. 15 East West
1155 Feet from North / South Line of Section
2970 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 #: 22
 Field Name: Yates Center
 Producing Formation: Squirrel
 Elevation: Ground: 1079 Kelly Bushing: 1079
 Total Depth: 1120 Plug Back Total Depth: 1110
 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: 1110
 feet depth to: 0 w/ 140 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 Garrison Date: 09/10/2012



1092850

Operator Name: Birk, Brian L. dba Birk Petroleum Lease Name: Dale Adams Well #: 22
 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 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>+43</td> </tr> </table>	Name	Top	Datum	Squirrel	1036	+43
Name	Top	Datum					
Squirrel	1036	+43					

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	15	Calcium
Long String	6.75	2.875	6.5	1110	Portland	140	

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	1038-1048', 1085-1095'	Frac w/80 sx sand	1038-1048', 1085-1095'

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

Date of First, Resumed Production, SWD or ENHR. <u>06/13/2012</u>	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. <u>3</u>	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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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BIRK PETROLEUM
 874 12TH RD SW
 BURLINGTON, KS 66839
 620-364-1311 - OFFICE, 620-364-6646 - CELL

WELL CEMENTING

SERVICE TICKET

CHARGE TO Birk Petroleum COUNTY WO. DATE: 06/05/12
 ADDRESS _____ CITY _____
 LEASE & WELL NO. Dale Adams #22 CONTRACTOR Company Tools ST _____ ZIP _____
 KIND OF JOB Cement long string SEC 26 TWP 25 RG 15E
 DIR. TO LOC. _____ OLD NEW


QUANTITY	MATERIAL USED	SERV. CHG
140 Sx	Portland Cement	
	BULK CHARGE	
	BULK TRK. MILES	
	PUMP TRK. MILES	
	PLUGS	
	TOTAL	

T.D. 1120' CSG. SET AT 1110' VOLUME _____
 SIZE HOLE 6 3/4" TBG SET AT _____ VOLUME _____
 MAX. PRESS. _____ SIZE PIPE 4 1/2" 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

502 N. Industrial Rd.
P.O. Box 664
Jala, 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 owners or intermediary's direction, seller assumes 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 4 minutes per yard. A charge will be made for holding trucks longer. This concrete contains correct water content for strength as indicated. We do not assume responsibility for strength fact when water is added at customer's request.

NOTICE TO OWNER
Failure of this 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:

FORM:

B LAB COOPERATIVE VENTURES
900 S. FOURTH ST.

BURLINGTON, KAN.

BT4/12

B LAB COOPERATIVE VENTURES

54 HWY W TO 75 HWY S 203 MI

C 30 JUST PAST 90TH

LOOK FOR TANKS

DATE: 06/05/12

SHIP TO:

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	YARDS DEL	DRIVER/TRUCK	PLANT/TRANSACTION #
02:54:44p	WELL	14.00 yd	14.00 yd	14.00 yd	DD 31	WGD000
DATE	LOAD #	YARDS DEL	BATCH #	WATER TRIM	SUMP	TICKET NUMBER
06-05-12	1	14.00 yd	20012	6/00	4.00 in	

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: 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 24% per annum.

Not Responsible for Reactive 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 collected on all Returned Checks. Excess Delay Time Charged @ \$50/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 the load when you desire it. It is our wish to help you in every way that we can. To accomplish this, the driver is requesting that you sign this RELEASE relieving him and this 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 litter the public street. Further, as an 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 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:

X1 *[Signature]*

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
14.00	WELL	WELL (10 SACKS DEP UNIT)	51.00	714.00
14.00	MIX&HAUL	MIXING & HAULING	25.00	350.00
2.50	TRUCKING	TRUCKING CHARGE	50.00	125.00

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED
		16:04	1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER	
	ARRIVED JOB	START UNLOADING	6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER	
15:10	15:40	15:45		
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME

Subtotal	1189.00
Tax @ 7.300	86.80
Total	1275.80
Order #	1875-00
ADDITIONAL CHARGE 1	
ADDITIONAL CHARGE 2	
GRAND TOTAL	