

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 33453
Name: Stephen C. Jones
Address: 12 N. Armstrong
City/State/Zip: Bixby, Ok. 74008
Purchaser: n/a
Operator Contact Person: Steve Jones
Phone: (918) 366-3710
Contractor: Name: Stephen C. Jones
License: 33453
Wellsite Geologist: n/a

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, 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./SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Enhr.?) _____ Docket No. _____

6-1-11 6-6-11 not completed
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-031-22738-00-00
County: Coffey
swse-nwnw Sec 28 Twp. 22 S. R. 15 East West
1320 feet from S / (circle one) Line of Section
660 feet from E / (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: J. Birk Well #: 6A
Field Name: wildcat
Producing Formation: Upper Squirrel Sand
Elevation: Ground: 1170 Kelly Bushing: _____
Total Depth: 1504 Plug Back Total Depth: 1500
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 1500
feet depth to 200 w/ 200 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Steve Jones
Title: Operator Date: 5-23-12
Subscribed and sworn to before me this 23 day of MAY
2012
Notary Public: Shari Epperson # 02013205
Date Commission Expires: 9-19-2014

KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
MAY 25 2012
ATT 2-Dlg - 6/15/12
KCC WICHITA

Operator Name: **STEPHEN C. JONES** Lease Name: **J. BIRK** Well #: **6A**
 Sec. **28** Twp **22** S. R. **14** 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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy)

List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

UPPER SQUIRREL SAND 1408'

GAMMA RAY NEUTRON

CASING RECORD <input type="checkbox"/> New <input 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	12.25"	85/8	23	40'	CLASS A	30	n/a
PRODUCTION	6.5"	4 1/2	10.5	1500'	CLASS A	200	n/a

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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
4	1408-1416'	to be acidized and fractured at a later date	1408' 1416'

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enh.	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
na	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-13.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

RECEIVED
MAY 25 2012
KCC WICHITA

RECEIVED

JAN 23 2013

KCC WICHITA

Invoice #	Page
1093	001
Invoice Date	
06-01-2011	



True Enterprise
1326 North Main Street
LeRoy, KS 66857

(620) 964-2514

J BIRK LA
J BIRK LA

SOLD TO: Cash

Please Remit To: True Enterprise, 1326 North Main, LeRoy, KS 66857

Terms	P.O.#	Order #	Type	Sld.By	Cust.#	Slm.
Claim Check		1093	Cash	DWT	000001	Store
Quantity	UM	Item #	Description	Price	Extended Price	
50.000	EA	CL203	PORTLAND CEMENT -	10.00	500.00	
1.000	EA	X120	Delivery	25.00	25.00	
<p>PAID</p> <p>CHK NO. <u>2994</u></p> <p>DATE <u>6-1-11</u></p> <p><i>CK # 2994</i></p> <p><i>\$563.33</i></p>						
Comment					Taxable:	525.00
					Tax:	38.33
					Non-Tax:	0.00
Received by:					Total:	563.33