



KANSAS CORPORATION COMMISSION 1073648
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 # 34592
Name: Kansas Resource Exploration & Development, LLC
Address 1: 9393 W 110TH ST, STE 500
Address 2: _____
City: OVERLAND PARK State: KS Zip: 66210 + _____
Contact Person: Bradley Kramer
Phone: (913) 669-2253
CONTRACTOR: License # 34223
Name: Utah Oil LLC
Wellsite Geologist: N/A
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 #: _____

10/24/2011	10/26/2011	10/31/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23574-00-00

Spot Description: _____

NE NE SW NW Sec. 14 Twp. 14 S. R. 22 East West

3636 Feet from North / South Line of Section

4008 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Johnson

Lease Name: KNABE D Well #: KRI-1

Field Name: Gardner

Producing Formation: Bartlesville

Elevation: Ground: 1035 Kelly Bushing: 0000

Total Depth: 923 Plug Back Total Depth: 903

Amount of Surface Pipe Set and Cemented at: 20 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 0

feet depth to: 903 w/ 130 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 000000 ppm Fluid volume: 150 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: 02/29/2012



1073648

Operator Name: Kansas Resource Exploration & Development, LLC Lease Name: KNABE D Well #: KRI-1
 Sec. 14 Twp. 14 S. R. 22 East West County: Johnson

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 CCL	<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>Bartlesville</td> <td>864'</td> <td>171'</td> </tr> </table>	Name	Top	Datum	Bartlesville	864'	171'
Name	Top	Datum					
Bartlesville	864'	171'					

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	12.25	7	14	20	Portland	5	
Production	5.625	2.857	6.5	903	50/50 Poz	130	

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
3	864.0'-872.0', 25 perfs	2" DML RTG	864.0'-872.0

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.			Producing Method:			
			<input type="checkbox"/> Flowing <input 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	

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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER **33015**
LOCATION Oklawa KS
FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/26/11	4448	Knabe "0" KR1-111	NW 14	14	22	JG

CUSTOMER
Kansas Resources Expt. Dev.

MAILING ADDRESS
9393 W 110th

CITY Ouerland Park STATE KS ZIP CODE 66610

TRUCK #	DRIVER	TRUCK #	DRIVER
506	FREMAX	Safety Mtz	
495	HARBEC	MJB	
370	GARMOD	Gm.	
548	KEIDET	KD	

JOB TYPE log string HOLE SIZE 5 7/8 HOLE DEPTH 923 CASING SIZE & WEIGHT 2 7/8 EUE

CASING DEPTH 9030 DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug

DISPLACEMENT 5.25 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE 53 PM

REMARKS: Establish circulator. Mix + Pump 100% Premium Gel Flush
Mix + Pump 130 sks 50/50 Por Mix Cement 290 gal 1/2" Pheo
Seal per sk: Cement to surface. Flush pump + lines clean
Displace 2 1/2" Rubber Plug to casing TO w/ 5.25 BBL Fresh water
Pressure to 500# PSI. Release pressure to set float valve
Skut in casing.

Fred Maden

Utah Drilling

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	975 ⁰⁰
5406	30 mi	MILEAGE	495	120 ⁰⁰
5402	903	Casing footage		141
5407	Minimum	Top Miles	548	330 ⁰⁰
5502C	1 1/2 hrs	80 BBL Vac Truck	370	105 ⁰⁰
1124	130 sks	50/50 Por Mix Cement		1358 ⁵⁰
1118B	319 #	Premium Gel		63 ⁸⁰
1107A	65 #	Pheo Seal		79 ⁸⁰
4402	2	2 1/2" Rubber Plugs		56 ⁸⁰
			7.525% SALES TAX	117 ²¹
			ESTIMATED TOTAL	3224 ⁸¹

245401

AUTHORIZATION BJL TITLE _____ 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.