



KANSAS CORPORATION COMMISSION 1076470
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 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>12/16/2011</u>	<u>12/21/2011</u>	<u>12/29/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23716-00-00

Spot Description: _____
NW NE NE NE Sec. 15 Twp. 14 S. R. 22 East West
5115 Feet from North / South Line of Section
340 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Johnson
Lease Name: KNABE M Well #: KR-4
Field Name: Gardner

Producing Formation: Squirrel Sandstone

Elevation: Ground: 1014 Kelly Bushing: 0000

Total Depth: 766 Plug Back Total Depth: 752

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: 752 w/ 104 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 Garriso Date: 03/15/2012



1076470

Operator Name: Kansas Resource Exploration & Development, LLC Lease Name: KNABE M Well #: KR-4
 Sec. 15 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>Squirrel</td> <td>696'</td> <td>318'</td> </tr> </table>	Name	Top	Datum	Squirrel	696'	318'
Name	Top	Datum					
Squirrel	696'	318'					

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	9.875	7	14	20	Portland	5	
Production	5.625	2.875	6.5	752	50/50 Poz	104	

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	696.0' - 706.0' 21 Perfs	2" DML RTG	696.0' - 706.0

TUBING RECORD:	Size: <u>1"</u>	Set At: <u>732'</u>	Packer At: <u>N/A</u>	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 <i>(Explain)</i> _____		
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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 33174
LOCATION Ottawa KS
FOREMAN Fred Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/21/11	4448	Knabe M # KR-4	DE 15	14	22	JO

CUSTOMER		TRUCK #		DRIVER	
Kansas Resources Expl & Dev.		506	FREMAO	Safety Mgr	
MAILING ADDRESS		368	ARLMCD	APM	
9393 W 110th St. Ste 500		369	DERMAS	DM	
CITY	STATE	ZIP CODE			
Overland Park	KS	66210	558	KEIKAR	JC

JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT
Longstring	5 7/8	766	2 1/8" EOE

CASING DEPTH	DRILL PIPE	TUBING	OTHER
7520			

SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
			2-2 1/2" Plugs

DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE
4.37			4BPM

REMARKS: Establish circulation. Mix Pump 100# Premium Gel Flush.
Mix Pump 104 SKS 50/50 Por Mix Cement 270 Gal 1/2# Pheno
Seal/sk Cement to Surface. Flush pump & lines clean.
Displace 2" 2 1/2" Rubber plugs to casing TD w/ 4.37 BBLs
fresh water Pressure to 800# PSI. Release pressure
to set float valve. Shut in casing.

Fred Mader

Utah Drilling

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1030 ⁰⁰
5406	30 mi	MILEAGE	368	120 ⁰⁰
5402	752'	Casing footage		N/C
5407	Minimum	Ton Miles	558	350 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck	369	180 ⁰⁰
1124	104 SKS	50/50 Por Mix Cement		1138 ⁰⁰
1118B	275#	Premium Gel		57 ²⁵
1107A	52#	Pheno Seal		67 ⁰⁰
4402	2	2 1/2" Rubber Plugs		56 ⁰⁰
			7.525%	SALES TAX
				ESTIMATED TOTAL
				3098 ⁹³

246719

RAVIN 3787
AUTHORIZATION *[Signature]* 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