

## KANSAS CORPORATION COMMISSION 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			API No. 15
Name: Kansas Resource E		opment, LLC	Spot Description:
Address 1: 9393 W 110TH ST,	STE 500		SW_NE_NW_NW Sec. 14 Twp. 14 S. R. 22 ▼ East West
Address 2:	·	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
City: OVERLAND PARK St	ate: KS Zip: 6	6210 +	Feet from ✓ East / ☐ West Line of Section
Contact Person: Bradley Krame	er		Footages Calculated from Nearest Outside Section Corner:
Phone: ( 913 ) 669-2253			□ NE □ NW ☑ SE □ SW
CONTRACTOR: License # 3422	23		County: Johnson
Name: Utah Oil LLC			Lease Name: KNABE D Well #:
			Field Name: Gardner
Purchaser: Coffeyville Resource			Producing Formation: Bartlesville
Designate Type of Completion:			Elevation: Ground: 1040 Kelly Bushing:
✓ New Well Re-	Entry $\square$	Workover	Total Depth: 923 Plug Back Total Depth: 901
□ oil □ wsw	SWD	SIOW	Amount of Surface Pipe Set and Cemented at: 20 Feet
Gas D&A	☑ SWD	☐ sigw	Multiple Stage Cementing Collar Used? ₩☐ Yes ✔ No
☐ OG	GSW	Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)			If Alternate II completion, cement circulated from:
Cathodic Other (Core	, Expl., etc.):		feet depth to: 901 w/ 135 sx cmt
If Workover/Re-entry: Old Well Infe	o as follows:		SX GITT
Operator:			
Well Name:			Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date:	Original Total [	Depth:	Chloride content: 000000 ppm Fluid volume: 150 bbls
Deepening Re-perf.	Conv. to ENH	R Conv. to SWD	Dewatering method used: Evaporated
Plug Back:	Plug Ba	ck Total Depth	Location of fluid disposal if hauled offsite:
Commingled	Permit #:	· 	Operator Name:
Dual Completion	Permit #:		Lease Name: License #:
SWD	Permit #:		
☐ ENHR	Permit #:		Quarter Sec TwpS. R East West
☐ GSW			County: Permit #:
10/28/2011 11/02/2		2/07/2011	
Spud Date or Date Rea Recompletion Date		mpletion Date or	

## **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 I II Approved by: Deanna Gerrisor Date: 03/08/2012

Side Two



1075428

Operator Name: Kans	sas Resource Explor	ation & Deve	etopment, LL	C Lease	Name:	KNABE D		Well #:KR	<u>l-7</u>		
Sec. 14 Twp. 14	s. R. <u>22</u>	✓ East	West	County	<sub>/:</sub> <u>John</u>	son					
INSTRUCTIONS: She time tool open and clo recovery, and flow rate line Logs surveyed. A	sed, flowing and shu es if gas to surface te	t-in pressure st, along wit	es, whether s h final chart(s	hut-in pres	sure rea	ched static level,	hydrostatic pre	ssures, bottom h	ole temp	erature, fluid	
Drill Stem Tests Taken (Attach Additional Sheets)			☐ Yes 📝 No			og Formatio	n (Top), Depth	th and Datum		Sample	
Samples Sent to Geological Survey		Yes	☐ Yes   ✓ No			e sville		Top 847 feet		Datum 93 feet	
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy		☐ Yes ✓ Yes ✓ Yes	☐ No								
List All E. Logs Run:											
Gamma Ray Neutron CCL											
		Danast		RECORD	☐ Ne						
Purpose of String	Size Hole	Size	Casing	Wei	ight	ermediate, product Setting	Type of	# Sacks		and Percent	
Surface	Drilled 12.25	7 Set (I	n O.D.)	14	/ Ft.	Depth 20	Portland	Used 5	Α	Additives	
Production	5.625	2.857		6.5		901	50/50 Poz	135			
			ADDITIONAL	CEMENTI	NG / SQL	JEEZE RECORD			<del></del>		
Purpose: Depth Top Bottom		Type of	Type of Cement # Sacks			Used Type and Percent Additives					
Protect Casing Plug Back TD Plug Off Zone	-	<u> </u>									
						<u> </u>					
Shots Per Foot	PERFORATI Specify	ON RECORD Footage of Ea	- Bridge Plug ch Interval Per	s Set/Type forated		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)  Depth					
3	847.0'-853.0', 19 perfs					2" DML RTG 853.0'					
	<u> </u>			· · · · · · · · · · · · · · · · · · ·							
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TUBING RECORD:	Size:	Set At:		Packer A	At:	Liner Run:	Yes n	lo			
Date of First, Resumed	Production, SWD or EN	HR. F	Producing Meth	nod:	ng 🔲	Gas Lift (	Other (Explain)				
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat	er B	bls.	Gas-Oil Ratio		Gravity	
				L							
	ON OF GAS:			ИETHOD OF ☑ Perf.	COMPLE Dually	_	mmingled	PRODUCTION	)N INTER	VÁL:	
Vented Sold			en Hole 🕒 ner (Specify)		(Submit		mmingled mit ACO-4)				



LOCATION OHAWA KS
FOREMAN Fred mader

SALES TAX

**ESTIMATED** 

121

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

Ravin 3737

## FIELD TICKET & TREATMENT REPORT

DATE				OHIUL						l .
	CUSTOMER#	WELL	L NAME & NUM	BER	SECTION	TOW	NSHIP	RANGE	COUN	ĬΪ
11/2/11 CUSTOMER	4448	Knabe	"D" KRI	- 7	NW 14		. 14	22	ひ	
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CITY	W /IC	ATE	ZIP CODE		495	1+48	BEC	AND	0	
1 _	_ ·	χS	66210		505/TIOG		KEN	CIC		
Overbun		<u> </u>		J	5		DET	120		
-	<i>t</i> - <i>t</i>	LE SIZE	598	HOLE DEP	TH <u> 923'</u>	CASING	SIZE & W	/EIGHT <i>27</i> _8	EUE	
CASING DEPTH		ILL PIPE		_TUBING				OTHER		<u> </u>
SLURRY WEIGH		URRY VOL_		WATER ga	l/sk	CEMENT	LEFT in	Casing 24	"Pluc	
DISPLACEMENT		SPLACEMEN	T PSI	MIX PSI		RATE A	CAPN	1	<i></i>	
REMARKS: F	stablish c	<u> Circula</u>	X 02 9	This-x Pu	mp 100#Pr	enily	u Coel	Flush.		
	135 /35	ζKs 、	50/50	Mix	ement 2%	Call &	Pheno	Soul/sk.		
<u> Cemu</u>	ME DO DAY	roce.	Flush Du	mo +	ines clear	1. Di	5 Alac	a 50%	つとり	
Lubbs	er pluge to	cash	C 70 11	1/ 57a	4 BAL Fr	e.< h 1	עלים אלין	. Prace	000	
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UT	AH DV: 11:20	,					11 .02	<u> </u>		<u> </u>
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ACCOUNT CODE	QUANITY or U	INITS	DE	SCRIPTION	of SERVICES or PR	ODUCT		UNIT PRICE	TOTA	
ACCOUNT	U				of SERVICES or PR	ODUCT		UNIT PRICE	тота	oxdot
ACCOUNT CODE	QUANITY OF U		PUMP CHARG		of SERVICES or PR		495	UNIT PRICE	975	09
ACCOUNT CODE 5401 5406	U U TO YTINAUD U U U U U		PUMP CHARG	E			495	UNIT PRICE	975	•ର ତଳ
ACCOUNT CODE 540( 5406 5402	QUANITY OF U	m;	PUMP CHARG	E			495	UNIT PRICE	975 120	- 인 이번
ACCOUNT CODE 5401 5406 5402 5407	QUANITY OF L	m;	PUMP CHARGE MILEAGE CASING	foot miles			495	UNIT PRICE	975 120 N/3	. 61 61
ACCOUNT CODE 540( 5406 5402	QUANITY OF U	m;	PUMP CHARG	foot miles			495	UNIT PRICE	975 120	. 61 61
ACCOUNT CODE 5401 5406 5402 5407	QUANITY OF L	m;	PUMP CHARGE MILEAGE CASING	foot miles			495	UNIT PRICE	975 120 N/3	. 61 61
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ACCOUNT CODE 5401 5402 5407 550/C 1/24 1/18B	901 Minima 1/2	mi hr ssks	PUMP CHARGE MILEAGE Ton Trans	foot miles sport	x Coment	5057	495	UNIT PRICE	975 120 120 1330 168	et 10 10 10 10 10 10 10 10 10 10 10 10 10
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AUTHORIZTION TITLE DATE

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's

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.