



KANSAS CORPORATION COMMISSION 1075922  
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>11/09/2011</u>	<u>11/10/2011</u>	<u>12/07/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23686-00-00  
Spot Description: \_\_\_\_\_  
SW NW NE NW Sec. 14 Twp. 14 S. R. 22  East  West  
4692 Feet from  North /  South Line of Section  
3929 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-8  
Field Name: Gardner  
Producing Formation: Bartlesville  
Elevation: Ground: 1038 Kelly Bushing: 0000  
Total Depth: 923 Plug Back Total Depth: 901  
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: 901 w/ 118 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 Garrison Date: 03/08/2012



1075922

Operator Name: Kansas Resource Exploration & Development, LLC Lease Name: KNABE D Well #: KRI-8  
 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>734</td> <td>304</td> </tr> </table>	Name	Top	Datum	Bartlesville	734	304
Name	Top	Datum					
Bartlesville	734	304					

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	901	50/50 Poz	118	

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
3	734.0'-737.0', 10 perms	2" DML RTG	734.0'-737.0

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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CONSOLIDATED  
DRILLING SYSTEMS, LLC

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

### FIELD TICKET & TREATMENT REPORT CEMENT

TICKET NUMBER 33074

LOCATION Ottawa KS

FOREMAN Fred Maden

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
11/10/11	4448	Knabe "D" KRT-B		NW 14	14	23	Jo
CUSTOMER				TRUCK #	DRIVER	TRUCK #	DRIVER
Kanas Resources Expl & Dev				506	FREMAD	Safety Mtg	
MAILING ADDRESS				368	ARLMCD	ARM	
9393 W 110th St. Ste 500				369	DERMAS	7M	
CITY	STATE	ZIP CODE		548	KEICAR	KC	
Overland Park	KS	66210		CASING SIZE & WEIGHT <u>2 1/2" EVE</u>			
JOB TYPE <u>long string</u>	HOLE SIZE	HOLE DEPTH		OTHER			
	5 7/8	925 928		CEMENT LEFT IN CASING <u>2-2 1/2" Plug</u>			
CASING DEPTH <u>897 90</u>	DRILL PIPE	TUBING		RATE <u>48 RPM</u>			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk		MIX PSI			
DISPLACEMENT <u>5.18 BBL</u>	DISPLACEMENT PSI	MIX PSI		RATE			

REMARKS: Establish circulation. Mix + Pump 100# Premium Gel Flush  
 Mix + Pump 118 sks 50/50 Por Mix Cement 2nd Gel 1/2" Phenol  
 Seal / sks Cement to surface. Flush pump + lines clean  
 Displace 2- 2 1/2" Rubber plugs to casing TD w/ 5.18 BBLs  
 Fresh water. Pressure to 600 PSI. Release pressure to set  
 float valve. Shut in casing.

Utah Drilling

*Fred Maden*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	30 mi	MILEAGE	368	975 <sup>00</sup>
5402	901	Casing footage	368	1200 <sup>00</sup>
5407	Minimum	Ten Miles		N/A
55020	2 hrs	50 BBL Vac Truck		330 <sup>00</sup>
				180 <sup>00</sup>
1124	118 sks	50/50 Por Mix Cement		1233 <sup>10</sup>
118B	299 <sup>sk</sup>	Premium Gel		59 <sup>80</sup>
1107A	30 <sup>sk</sup>	Phenol Seal		36 <sup>60</sup>
4402	2	2 1/2" Rubber Plug		56 <sup>00</sup>
245 869				

Revin 9737

7.025% SALES TAX 104<sup>23</sup>

AUTHORIZATION Fred TITLE \_\_\_\_\_ DATE \_\_\_\_\_ ESTIMATED TOTAL 3094<sup>75</sup>

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.