



KANSAS CORPORATION COMMISSION 1076961
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 # 8509
Name: Evans Energy Development, Inc.
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>01/16/2012</u>	<u>01/17/2012</u>	<u>01/23/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23749-00-00

Spot Description: _____
NW SE SW NE Sec. 15 Twp. 14 S. R. 22 East West
3077 Feet from North / South Line of Section
1822 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 #: KRI-8
Field Name: Gardner

Producing Formation: Bartlesville
Elevation: Ground: 1010 Kelly Bushing: 0000
Total Depth: 900 Plug Back Total Depth: 887
Amount of Surface Pipe Set and Cemented at: 22 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 888
feet depth to: 0 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	
<input type="checkbox"/> Letter of Confidentiality Received	Date: _____
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input checked="" type="checkbox"/> UIC Distribution	
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanna Garrison</u> Date: <u>03/27/2012</u>



1076961

Operator Name: Kansas Resource Exploration & Development, LLC Lease Name: KNABE M Well #: KRI-8
Sec. 15 Twp. 14 S. R. 22 [X] 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 [] Yes [X] No
Samples Sent to Geological Survey [] Yes [X] No
Cores Taken [] Yes [X] No
Electric Log Run [X] Yes [] No
Electric Log Submitted Electronically [X] Yes [] No
List All E. Logs Run: Gamma Ray, Neutron, CCL

CASING RECORD Table with columns: 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. Rows for Surface and Production.

ADDITIONAL CEMENTING / SQUEEZE RECORD Table with columns: Purpose, Depth Top Bottom, Type of Cement, # Sacks Used, Type and Percent Additives.

PERFORATION RECORD - Bridge Plugs Set/Type Table with columns: Shots Per Foot, PERFORATION RECORD, Acid, Fracture, Shot, Cement Squeeze Record, Depth.

TUBING RECORD: Size, Set At, Packer At, Liner Run [] Yes [X] No
Date of First, Resumed Production, SWD or ENHR. Producing Method: [] Flowing [] Pumping [] Gas Lift [] Other (Explain)
Estimated Production Per 24 Hours: Oil Bbls., Gas Mcf, Water Bbls., Gas-Oil Ratio, Gravity

DISPOSITION OF GAS: [] Vented [] Sold [] Used on Lease
METHOD OF COMPLETION: [] Open Hole [X] Perf. [] Dually Comp. [] Commingled
PRODUCTION INTERVAL:

