



KANSAS CORPORATION COMMISSION 1074941  
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: NA  
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>10/11/2011</u>	<u>10/14/2011</u>	<u>10/31/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23577-00-00

Spot Description: \_\_\_\_\_  
NE SE SW NW Sec. 14 Twp. 14 S. R. 22  East  West  
3078 Feet from  North /  South Line of Section  
4024 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-4

Field Name: Gardner

Producing Formation: Bartlesville

Elevation: Ground: 1038 Kelly Bushing: 0000

Total Depth: 923 Plug Back Total Depth: 905

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: 905 w/ 121 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: Deanne Gantzer Date: 03/12/2012



1074941

Operator Name: Kansas Resource Exploration & Development, LLC Lease Name: KNABE D Well #: KRI-4  
 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>870'</td> <td>168'</td> </tr> </table>	Name	Top	Datum	Bartlesville	870'	168'
Name	Top	Datum					
Bartlesville	870'	168'					

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	2.857	6.5	905	50/50 Poz	121	

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	870'-878', 25 perfs	2" DML RTG	870'-878'

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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 Bbbs. Gas Mcf Water Bbbs. 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 800-467-9678

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

TICKET NUMBER 32952

LOCATION Ottawa KS

FOREMAN Fred Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/14/11	4448	Knabe "D" # <del>4448</del> <u>4448-4</u>	NW 14	14	22	58
CUSTOMER <u>Kansas Resources Expl + Dev</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>9393 W 110th St Ste</u>			<u>506 FREMAD Sparty MKY</u>			
CITY STATE ZIP CODE <u>Overland Park KS 66210</u>			<u>495 HARDEC ID</u>			
			<u>548 KEITAR BC</u>			
			<u>505/7106 CASKEN CLK</u>			
JOB TYPE <u>Horizontal</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>923'</u>	CASING SIZE & WEIGHT <u>2 7/8 EUE</u>			
CASING DEPTH <u>903/905</u>	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>2 1/2 Plug</u>			
DISPLACEMENT <u>5.25 BBL</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>5 BPM</u>			
REMARKS: <u>Establish pump rate. Mix pump 100# premium Gel Flush.</u>						
<u>Mix + Pump SKS 50/50 Por Mix Cement 2% Gel 1/2" Pheno</u>						
<u>Seal/sk. Cement to surface. Flush pump &amp; lines clean. Displace 2</u>						
<u>2 1/2" Rubber plugs to casing TD w/ 5.25 BBL Frack water. Pressure</u>						
<u>to 800# PSI. Release pressure to set &amp; lock valve. Shut in casing</u>						
<u>Utah Drilling</u>			<u>Fred Maden</u>			

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	495 <sup>00</sup>
5406	30 mi	MILEAGE	495	120 <sup>00</sup>
5402	903/905	Casing footage		N/C
5407	Minimum	Ton Miles	548	330 <sup>00</sup>
5502C	1 1/2 hrs	Transport	505/7106	168 <sup>00</sup>
1129	121 SKS	50/50 Por Mix Cement		1264 <sup>45</sup>
1118B	304 #	Premium Gel		60 <sup>00</sup>
1107A	601 #	Pheno Seal		74 <sup>42</sup>
4402	2	2 1/2" Rubber Plug		56 <sup>00</sup>
			7.525%	SALES TAX ESTIMATED TOTAL
				109 <sup>51</sup>
				3158 <sup>21</sup>

AUTHORIZATION J. McCoy

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.