



KANSAS CORPORATION COMMISSION 1076011
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 SLOW
- 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>08/24/2011</u>	<u>08/29/2011</u>	<u>10/24/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23538-00-00
Spot Description: _____
NW NW NE NW Sec. 14 Twp. 14 S. R. 22 East West
4973 Feet from North / South Line of Section
3757 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 #: KR-3
Field Name: Gardner
Producing Formation: Squirrel, Bartlesville
Elevation: Ground: 1037 Kelly Bushing: 0000
Total Depth: 909 Plug Back Total Depth: 896
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: 896 w/ 126 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 Garbar Date: 03/12/2012



1076011

Operator Name: Kansas Resource Exploration & Development, LLC Lease Name: KNABE D Well #: KR-3
 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>Squirrel</td> <td>712.0'</td> <td>325'</td> </tr> <tr> <td>Bartlesville</td> <td>844.0'</td> <td>193'</td> </tr> </table>	Name	Top	Datum	Squirrel	712.0'	325'	Bartlesville	844.0'	193'
Name	Top	Datum								
Squirrel	712.0'	325'								
Bartlesville	844.0'	193'								

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	896	50/50 Poz	126	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	-			
	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	712.0'-722.0', 21 perfs	2" DML RTG	712.0'-722.0
3	844.0'-850.0', 19 perfs	2" DML RTG	844.0'-850.0

TUBING RECORD: Size: <u>1"</u> Set At: <u>876'</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 (Explain) _____
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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32792
LOCATION Oklahoma KS
FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/29/11	4448	Knabe 'D' # KR-3	NW 14	14	22	To
CUSTOMER Kansas Resources Expl + Dev.			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 9393 W 110th St. Ste 500			506	FREMAN	Safety Mktg	
CITY Overland Park			495	CASKEY	CLV	
STATE KS			370	ARLMCD		
ZIP CODE 66210			55F	CECPAR		

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 909' CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 876' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2" Plug
DISPLACEMENT 515 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 50 BPM

REMARKS: Establish ratio Mix + Pump 100# Premium Gel Flush
Mix + Pump 126 sks 50/50 for Mix Cement 2 7/8 Gel 1/2"
Pheno Seal 1/sk. Cement to surface. Flush pump + lines
clean. Displace 2 - 2 1/2" Rubber plugs to casing TD w/
515 BBLs Fresh Water. Pressure to 800 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	495	975.00
5406	30 mi	MILEAGE	495	120.00
5402	896'	Casing Footage		Nil
5407	Minimum	Ten Miles	558	330.00
5502C	2 hrs	80 BBL Vac Truck	370	180.00
1124	126 sks	50/50 for Mix Cement		1316.20
1118B	3/2"	Premium Gel		62.40
#1107A	63"	Pheno Seal		76.84
4402	2	2 1/2" Rubber Plug		56.00
			7.525%	SALES TAX
				ESTIMATED TOTAL
				113.22
				3230.22

Rev'n 3737

AUTHORIZATION JK 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.