



KANSAS CORPORATION COMMISSION 1076102
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 #: _____
09/30/2011 10/06/2011 10/11/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-091-23573-00-00
Spot Description: _____
SE SW NW NW Sec. 14 Twp. 14 S. R. 22 East West
3998 Feet from North / South Line of Section
4662 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-19
Field Name: Gardner
Producing Formation: Bartlesville
Elevation: Ground: 1042 Kelly Bushing: 0000
Total Depth: 923 Plug Back Total Depth: 909
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: 909 w/ 114 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: Dennis Garbar Date: 03/12/2012



1076102

Operator Name: Kansas Resource Exploration & Development, LLC Lease Name: KNABE D Well #: KR-19
 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>842.0'</td> <td>200'</td> </tr> </table>	Name	Top	Datum	Bartlesville	842.0'	200'
Name	Top	Datum					
Bartlesville	842.0'	200'					

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	909	50/50 Poz	114	

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 (Amount and Kind of Material Used)	Depth
2	842.0' - 852.0' 21 Perfs	2" DML RTG	842.0' - 852.0'

TUBING RECORD: Size: <u>1"</u> Set At: <u>889'</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 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"/> Comming'ed <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
OIL WELL SERVICES, L.L.C.

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 32892

LOCATION Ottawa KS

FOREMAN Fred Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/6/11	4448	Knabe "D" KR-19	NW 14	14	22	JO

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Kansas Resources Expl & Dev. MAILING ADDRESS 9393 W 110th Ste 500 CITY Overland Park STATE KS ZIP CODE 66210	506	FREMAO	Safety	Wolfe
	368	ARLMCD	ARM	
	370	DERMAS	DM	
	558	KEINET	KD	

JOB TYPE <u>Long string</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>923</u>	CASING SIZE & WEIGHT <u>2 1/8 EUE</u>
CASING DEPTH <u>906</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>2 1/2" Plug</u>
DISPLACEMENT <u>527 BBL</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>4 BPM</u>

REMARKS: Establish pump rate. Mix + Pump 100# Premium Gel Flush.
Mix + Pump 50/50 per mix Cement 270 Gel 1/2" Pheno Seal
per sack Cement to Surface. Flush pump & lines clean.
Displace 2 1/2" 2 1/2" Rubber plugs to casing TD w/ 527 BBL
fresh water. Pressure to 700# 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	368	975 ³⁰
5406	30	MILEAGE	368	120 ⁰⁰
5402	904	Casing Footage		NK
5407	Minimum	Top Miles	558	330 ³⁰
5502C	2 hrs	50 BBL Vac Truck	308	150
1124	114 SKS	50/50 per Mix Cement		1191 ³⁰
1118B	292 ⁰⁰	Premium Gel		584 ⁰⁰
1107A	57 ⁰⁰	Pheno Seal		69 ⁵⁰
4402	2	2 1/2" Rubber Plugs		56 ⁰⁰
			7.525%	SALES TAX
				ESTIMATED TOTAL
				3083 ¹³

244839

Rev 11/3/11

AUTHORIZATION BSK

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.