



KANSAS CORPORATION COMMISSION 1076078
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 #: _____
08/31/2011 09/07/2011 09/09/2011
Spud Date or Date Reached TD Completion Date
Recompletion Date

API No. 15 - 15-091-23553-00-00
Spot Description: _____
SW NE SE NW Sec. 14 Twp. 14 S. R. 22 East West
3325 Feet from North / South Line of Section
3256 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-10
Field Name: Gardner
Producing Formation: Bartlesville
Elevation: Ground: 1032 Kelly Bushing: 0000
Total Depth: 898 Plug Back Total Depth: 867
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: 867 w/ 127 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: 03/12/2012



1076078

Operator Name: Kansas Resource Exploration & Development, LLC Lease Name: KNABE D Well #: KR-10
 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: none;"> <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>841'</td> <td>191'</td> </tr> </table> | Name | Top | Datum | Bartlesville | 841' | 191' |
| Name | Top | Datum | | | | | |
| Bartlesville | 841' | 191' | | | | | |

| 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 | 867 | 50/50 Poz | 127 | |
| | | | | | | | |

| 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 | 841.0' - 851.0' 31 Perfs | 2" DML RTG | 841.0' - 851.0 |
| | | | |
| | | | |
| | | | |

| | |
|---|---|
| TUBING RECORD: Size: <u>1"</u> Set At: <u>847'</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: _____ _____ |
|---|--|--|



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 32809
LOCATION Ottawa
FOREMAN Alan Made

FIELD TICKET & TREATMENT REPORT
CEMENT

| | | | | | | |
|-----------------------------|------------------------|-----------------------|---|----------|-------|--------|
| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
| 9-7-11 | 4448 | Knabe D | 5R-10 | NW 14 | 14 | 22 |
| CUSTOMER | | | TRUCK # | | | |
| Kansas Resources E+D | | | 516 | Alan M | Safet | Meat |
| MAILING ADDRESS | | | 495 | Casey K | CF | |
| 9393 W 110th Ste 500 | | | 369 | Harold B | HJB | |
| CITY | STATE | ZIP CODE | 503 | Derek M | DM | |
| Overland Park | KS | 66210 | CASING SIZE & WEIGHT <u>2 1/2</u> | | | |
| JOB TYPE <u>long st</u> | HOLE SIZE <u>5 7/8</u> | HOLE DEPTH <u>898</u> | CEMENT LEFT IN CASING <u>yes</u> | | | |
| CASING DEPTH <u>867</u> | DRILL PIPE | TUBING | OTHER | | | |
| SLURRY WEIGHT | SLURRY VOL | WATER gal/stk | DISPLACEMENT <u>3</u> | | | |
| DISPLACEMENT PSI <u>800</u> | MIX PSI <u>800</u> | RATE <u>5 bpm</u> | REMARKS: <u>Held safety Meek Establish rate. Mixed & pumped 100# gel to condition hole followed by 127 sk 50/50 102 plus 2 1/2 gal. Circulated cement. Flashed pump. Pumped 2 plugs to casing TD. Well held 800 PST. Set float. Closed valve.</u> | | | |

Utah Drilling

Alan Made

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|-----------------|-------------------|
| 5421 | 1 | PUMP CHARGE | | 975.00 |
| 5426 | 30 | MILEAGE | | 120.00 |
| 5428 | 867 | casing footage | | |
| 5427 | 10.2 | ton miles | | 330.00 |
| 5502C | 2 | 80 val | | 180.00 |
| 1184 | 127.5K | 50 150 102 | | 1327.15 |
| 1180 | 313# | gel | | 62.60 |
| 1107A | 64# | Pheno seal | | 78.08 |
| 4402 | 2 | 2 1/2 plug | 56.00 | 112.00 |
| | | | SALES TAX | 114.67 |
| | | | ESTIMATED TOTAL | 3243.50 |

24/185

AUTHORIZATION ER 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.