

Kansas Corporation Commission Oil & Gas Conservation Division

1076747

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	API No. 15 - 15-091-23742-00-00									
Name: Kansas F	Resource Exp	loration & Deve	elopment, LLC	Spot Descri	ption:					
Address 1: 9393 W	110TH ST, S	TE 500		NN NN	SE_NE Sec.	15 Twp.	¹⁴ S. R. ²	^{!2}	t West	
Address 2:				3946	F	eet from	North / 🗹	South Line	of Section	
City: OVERLAND PA	ARK State	e: KS Zip:	66210 +	1025	Fe	eet from _v	East /			
Contact Person: Bra	dley Kramer			Footages Calculated from Nearest Outside Section Corner:						
Phone: (913)	669-2253			NE NW ✓ SE SW						
CONTRACTOR: Licer	nse # 34223			County: Jol						
Name: Utah Oil LL		•		Lease Name	L'NIADE M		w	ell #: KR-7		
Wellsite Geologist: N/	A			Field Name: Gardner						
Purchaser: Coffeyvill	le Resources			Producing Formation: Bartlesville						
Designate Type of Con	npletion:			Elevation: Ground: 1013 Kelly Bushing: 0000						
✓ New Well	Total Depth: 900 Plug Back Total Depth: 875									
✓ Oil	wsw	SWD	SIOW	Amount of S	Surface Pipe Se	et and Ceme	ented at: 20		Feet	
Gas	D&A	ENHR	SIGW	Multiple Sta	ge Cementing	Collar Used	? Yes ✓	No		
OG		GSW	Temp. Abd.	If yes, show	depth set:				Feet	
CM (Coal Bed M	lethane)			If Alternate I	Il completion, o	ement circu	lated from: 87	8		
Cathodic Other (Core, Expl., etc.):				feet depth to			137		sx cmt.	
If Workover/Re-entry:	Old Well Info a	s follows:					_		ON GIVII.	
Operator:				Daillian Flori	Id 88aua	-4 Dia	•	-		
Well Name:				_	ld Managemer collected from to		it)			
Original Comp. Date:		Original Total	Depth:	Chlorido cor	ntent: 000000		Fluid volume	. 150	L.L.	
Deepening	Re-perf.	Conv. to ENI	HR Conv. to SWD					. 100	bbls	
		Conv. to GSW			Dewatering method used: Evaporated					
Plug Back:		Plug Ba	ack Total Depth	Location of t	fluid disposal if	hauled offsi	te:			
Commingled	Operator Na	ıme:								
Dual Completion	ompletion Permit #:			Lease Name			License #:			
SWD	F	Permit #:				_		_ · _		
ENHR	F	Permit #;		Quarter	Sec.	Twp.	S. R.	Eas	t West	
GSW	F	Permit #:		County:		Perr	nit#:			
01/11/2012	01/17/201		01/23/2012							
Spud Date or Recompletion Date										

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 Receive	/ed
Date:	
Confidential Release Date:	
✓ Wireline Log Received	
.] Geologist Report Received	
UIC Distribution	
ALT I VII III Approved b	y: Dacma Garros Date: 03/23/2012

Side Two

1076747

Operator Name: Kans	sas Resource Expl	oration & Devel	opment, LLC	C Lease Nam	ne: KNABE M		Well#; KR-	7
Sec. 15 Twp.14	S. R. 22	✓ East _	West	County: J	ohnson			
INSTRUCTIONS: Sh time tool open and clo recovery, and flow rate line Logs surveyed. A	sed, flowing and sless if gas to surface	hut-in pressure: test, along with	s, whether si i final chart(s	hut-in pressure	reached static le	vel, hydrostatic pre	ssures, bottom ho	le temperature, fluid
Drill Stem Tests Taken (Attach Additional S		. Yes	<u>√</u> No	i	√_Log Forma	ation (Top), Depth a	and Datum	Sample
Samples Sent to Geol	ogical Survey	Yes	√ No		Name artlesville		Top 828'	Datum 185'
Cores Taken Electric Log Run Electric Log Submittee (If no, Submit Copy		Yes .✓ Yes .✓ Yes	√ No ∴ No ∴ No					
List All E. Logs Run: Gamma Ray Nautron CCL								
			CASING	RECORD	New √Used			
		Report a			e, intermediate, prod	luction, etc.		
Purpose of String	Size Hole Orilled	Size C Set (In		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	2.875	4	6.5	878	50/50 Poz	137 +	
					ł		i	
Purpose:	Depth				SQUEEZE RECO		_	
Perforate Protect Casing Plug Back TD	Top Bottom	Type of 0	∍ement •	# Sacks Use	a +	Type and	Percent Additives	
Plug Off Zone	-	•			1			
	DEDCODA	TION DECODO	Osidas Obsas		, - -			· · ·
Shots Per Foot	Specif	TION RECORD - y Footage of Each	n Interval Perfo	orated _ —	+ · · -	Fracture, Shot, Ceme (Amount and Kind of I		Depth
2 .	828.0' - 838.0'	21 Perfs			2" DML R	TG		828.0' - 838.0
•					+ -			
					ţ			
•			_	•		-		+ -
TUBING RECORD:	Size:	Set At: 858'		Packer At: N/A	Liner Run;	Yes ✓ N	0	
Date of First, Resumed I			oducing Metho		Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbis.	_	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
BIÓDÁRITIC	N OF CAO.	₹	-					
DISPOSITIO		, Oper		ETHOD OF COM	,	Commingled	PRODUCTION	INTERVAL:
Vented Sold (If vented, Sub	Used on Leasi mit ACO-18.)		r (Specify)			Commingled Submit ACO-4)		



TICKET NUMBE	N. S	36765	†
LOCATION_O	Hausa	KS	_
FOREMAN (AR			_

DATE

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

FIELD TICKET & TREATMENT REPORT

		CEIVIE	= (A)		. 1		
DATE		LL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	_
1/17/12	14448 Knobe 1	4 KR-7	NE 15	14	22	10	\dashv
CUSTOMER	Resources Exp + Dec		15?	and the state of t	- 9:30 to 10:38		_
MAILING ADDR	ESS CX 1 PEC	' ———	TRUCK#	DRIVER	TRUCK#	.∵ DRIVER	<u> </u>
9393 W	1/or St Svite 500	a '	481	Casken	CE	1 3 4 7 1	7
CITY	ISTATE	ZIP CODE	485	AlaMea	AM	2 17 : 12	٦.
i		1	510	Der Mes	DM	S.Ju.	٦.
Overland	1, 1, 2	66210	369	ArlMcD	ARMEDO		┨:
JOB TYPE_		SS/8 11 HOLE DEF	тн_ <i>90</i> 0 ′	CASING SIZE & V	VEIGHT 27	8"EUE	」 ,
CASING DEPTH	DRILL PIPE_	TUBING_			ATHER	* 70	- .
SLURRY WEIGH		WATER ga	ıl/sk	CEMENT LEFT in	CASING -	1/2" 016	/
DISPLACEMEN	T5.10 bbs DISPLACEME	NT PSI MIX PSI_		RATE 7 DOW	4		ووام
REMARKS: he	ld safety meeting, a	established circu	lation mi	vand + aug.		+ Hemion	
Gel follo	wed by 106618 for	esh water, mix		· • /			
cornent	, , , , , , , , , , , , , , , , , , , ,	a# Phenosed a			volace,	Sp Pozi	11%
واء حسر	ean, displaced 2	2/2" Cubbec	0/25 4	meur 10 s		flyshed	<u> .</u> ;
		200 PSI, release	2 2 2 40 6	asing 7D		0.00/2	- :
Hear Wall	er / pressured to	oo ist , leleage	d pressure,	shit incal	19	<u> </u>	` د
					$\overline{\Delta}$		<u>.</u> 43
		<u> </u>			-1	4	_
····					1174		-
						1	₹.
1000UUT		T				. 3	
ACCOUNT	QUANITY or UNITS	DESCRIPTION	of SERVICES or PR	ODUCT	UNIT PRICE	TOTAL	7
5401	1	PUMP CHARGE COLL	est an a				
5406	30 miles			485		1030.00	- -
5402	878'		ruc K	485		120.00	-
5407		casing foota					4
	/2 minimum	ton mileage	<u>e</u>	510		175.00.	<u> </u>
5502C	1.5 hrs	80 Vac		369		135.00,	•
					_		7
							7
1124	137 sks	50/50 POAN	ix remeret	10.95		1500.15	헉.
11188	330 #	Premium G.		, 21	······································	69.30	┥
						97.20	- <i>:</i>
1107A	U1 4F	Phenoseal 2/2"rubber		1. 29		89.01	, · ·
4402	<u> </u>	2/2 rubber	plug	78.00		56.00	
`						·	
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							7
		0.100	<u>172</u>	<u> </u>		1	زيني ا
		1-10-1		· · · · · · · · · · · · · · · · · · ·			1.4
		1 ONT '		7.525%	011 50 711	120 5	╣.
ivita 9737				T. 200 /a	SALES TAX ESTIMATED	129.01	- }
	/				TOTAL	3303.47	/

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