

KANSAS CORPORATION COMMISSION 1076753
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 # 8509
 Name: Evans Energy Development, Inc.
 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>01/20/2012</u> | <u>01/24/2012</u> | <u>01/30/2012</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-091-23743-00-00

Spot Description: _____

SW SW NW NE Sec. 15 Twp. 14 S. R. 22 East West
3978 Feet from North / South Line of Section
2466 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Johnson

Lease Name: KNABE M Well #: KR-8

Field Name: Gardner

Producing Formation: Bartlesville

Elevation: Ground: 969 Kelly Bushing: 0000

Total Depth: 893 Plug Back Total Depth: 884

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: 883

feet depth to: 0 w/ 132 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 Gertner Date: 03/23/2012



1076753

Operator Name: Kansas Resource Exploration & Development, LLC Lease Name: KNABE M Well #: KR-8
 Sec. 15 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>806'</td> <td>163'</td> </tr> </table> | Name | Top | Datum | Bartlesville | 806' | 163' |
| Name | Top | Datum | | | | | |
| Bartlesville | 806' | 163' | | | | | |

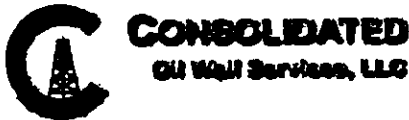
| CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | | | | | | | |
|---|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
| Report all strings set-conductor, surface, intermediate, 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 | 6 | |
| Production | 5.625 | 2.875 | 6.5 | 883 | 50/50 Poz | 132 | |
| | | | | | | | |

| 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 | 806.0' - 815.0' 19 Perfs | 2" DML RTG | 806.0' - 815.0 |
| | | | |
| | | | |
| | | | |

| | | | | | |
|---|-----------|---|---------------------|-----------------------|--|
| TUBING RECORD: | | Size: <u>1"</u> | Set At: <u>863'</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: _____ _____ |
|---|--|--|



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

TICKET NUMBER 36870

LOCATION Ottawa KS

FOREMAN Fred Mader

**FIELD TICKET & TREATMENT REPORT
CEMENT**

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|--|--------------------|--------------------------|---------|----------|---------|--------|
| 1/23/12 | 4448 | Knabe "M" # KR-8 | NE 15 | 14 | 22 | JA |
| CUSTOMER <u>Kansas Resources Expl & Dev</u> | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| MAILING ADDRESS <u>9393 W 110th</u> | | | 506 | FREYMA | Safely | MTJ |
| CITY <u>Overland Park</u> | STATE <u>KS</u> | ZIP CODE <u>66210</u> | 368 | ARLMCD | RPH | |
| | | | 370 | GARMO | 6" | |
| | | | 510 | RYASIN | RS | |

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 693 CASING SIZE & WEIGHT 2 7/8" EOE
 CASING DEPTH 883 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2-2 1/2" Plugs
 DISPLACEMENT 5.13 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 40 BPM

REMARKS: Establish pump rate. Mix & pump 100# Premium Gel Flush. Mix & pump 132 sks 50/50 Poz Mix Cement 2 7/8 Gel 1/2" Pheno Seal/sk. Cement to surface. Flush pump & lines clean. Displace 2-2 1/2" rubber plugs to casing TD. Pressure to 700# PSI. Release pressure to set float valve. Shut in casing.

Note: Well sat open overnight.

Fred Mader

Evans Energy Dev. LLC

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|------------|-----------------|
| 5401 | 1 | PUMP CHARGE | 368 | 1030.00 |
| 5406 | 30mi | MILEAGE | 365 | 120.00 |
| 5402 | 883 | Casing footage | | N/C |
| 5407 | Minimum | Ten Miles | 570 | 350.00 |
| 5502C | 1 1/2 hr | 80 BBL Vac Truck | 370 | 135.00 |
| 1124 | 132 sks | 50/50 Poz Mix Cement | | 1445.40 |
| 1118B | 322# | Premium Gel | | 62.02 |
| 1107A | 61# | Pheno Seal | | 85.14 |
| 4402 | 2 | 1/2" Rubber Plugs | | 56.00 |
| | | | 7.525% | SALES TAX |
| | | | | ESTIMATED TOTAL |
| | | | | 3413.64 |

247425

AUTHORIZATION Jacey 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.