

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 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 #: _____

12/29/2011 12/30/2011 01/09/2012

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion DateAPI No. 15 - 15-091-23729-00-00

Spot Description: _____
 NW NE NE NE Sec. 15 Twp. 14 S. R. 22 East West
5121 Feet from North / South Line of Section
500 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

 NE NW SE SWCounty: JohnsonLease Name: KNABE M Well #: KRI-5Field Name: GardnerProducing Formation: Squirrel SandstoneElevation: Ground: 1010 Kelly Bushing: 0000Total Depth: 759 Plug Back Total Depth: 747Amount of Surface Pipe Set and Cemented at: 22 FeetMultiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 749feet depth to: 0 w/ 116 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 000000 ppm Fluid volume: 150 bblsDewatering 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 Garriss Date: 06/27/2012



1085452

Operator Name: Kansas Resource Exploration & Development, LLC Lease Name: KNABE M Well #: KRI-5

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 Yes No
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
(If no, Submit Copy)

List All E. Logs Run:

Gamma Ray
Neutron
CCL

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Squirrel Sandstone	690'	320'

CASING RECORD New 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	22	Portland	6	
Production	5.625	2.875	6.5	749	50/50 Poz	116	

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
3	690' - 700' 31 Perfs	2" DML RTG	690.0' - 700.0

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift 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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____
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Summary of Changes

Lease Name and Number: KNABE M KRI-5

API/Permit #: 15-091-23729-00-00

Doc ID: 1085452

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	03/23/2012	06/27/2012
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1076887	../kcc/detail/operatorEditDetail.cfm?docID=1085452
Well Type	WSW	EOR