



KANSAS CORPORATION COMMISSION 1096257
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 #: _____

<u>05/16/2012</u>	<u>05/17/2012</u>	<u>06/13/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23825-00-00

Spot Description: _____
NE SE NW NE Sec. 15 Twp. 14 S. R. 22 East West
4321 Feet from North / South Line of Section
1570 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 #: KRI-14
Field Name: Gardner

Producing Formation: Bartlesville Resources
Elevation: Ground: 1007 Kelly Bushing: 0000
Total Depth: 900 Plug Back Total Depth: 872
Amount of Surface Pipe Set and Cemented at: 22 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 873
feet depth to: 0 w/ 114 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 000000 ppm Fluid volume: 0000 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 Garrisor Date: 10/12/2012



1096257

Operator Name: Kansas Resource Exploration & Development, LLC Lease Name: Knabe M Well #: KRI-14
 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-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>832'</td> <td>175'</td> </tr> </table>	Name	Top	Datum	Bartlesville	832'	175'
Name	Top	Datum					
Bartlesville	832'	175'					

CASING RECORD <input checked="" type="checkbox"/> New <input 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	19	22	Portland	5	
Production	5.625	2.875	6.5	873	50/50 Poz	14	

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	832.0' - 842.0' 31 Perfs	2" DML RTG	832.0' - 842.0

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		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"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 39812

LOCATION Ottawa, KS

FOREMAN Cassey Kennedy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/17/12	4448	Knabe M. # KRI-14	NE 15	14	22	JO
CUSTOMER <u>Kansas Resource Exp + Dev</u>						
MAILING ADDRESS <u>9393 W. 110th St, Suite 500</u>						
CITY <u>Overland Park</u>		STATE <u>KS</u>	ZIP CODE <u>66210</u>			
JOB TYPE <u>Log string</u>		HOLE SIZE <u>5 7/8"</u>	HOLE DEPTH <u>900'</u>	CASING SIZE & WEIGHT <u>2 7/8" EUE</u>		
CASING DEPTH <u>873</u>		DRILL PIPE	TUBING	OTHER		
SLURRY WEIGHT		SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>2 1/2" rubber plug</u>		
DISPLACEMENT <u>5.08 bbls</u>		DISPLACEMENT PSI	MIX PSI	RATE <u>5.5 bpm</u>		

TRUCK #	DRIVER	TRUCK #	DRIVER
481	Cas Ken	OK	
660	Gar Moo	GM	
675	Kei Det	KD	
510	Set Tue	ST	

REMARKS: held safely by unloading, established circulation, mixed + pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed + pumped 114 sks 50/50 Pozmix cement w/ 27% gel + 1/2 # Phenoseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 5.08 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	20 mi	MILEAGE		120.00
5402	873'	Casing footage		
5402	minimum	ton mileage		350.00
5502c	2.5 hrs	80' Vac		225.00
1124	114 sks	50/50 Pozmix cement		1248.30
1118B	292 #	Premium Gel		161.32
1107A	57 #	Phenoseal		73.53
4402	1	2 1/2" rubber plug		28.00
			7.525%	SALES TAX
				ESTIMATED TOTAL
				106.18
				3242.33

Rev'n 3737

2499601

AUTHORIZATION _____

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.