



KANSAS CORPORATION COMMISSION 1095680
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) 6692253
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 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 #: _____
07/23/2012 07/24/2012 08/30/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-091-23846-00-00
Spot Description: _____
SE NE SW SE Sec. 10 Twp. 14 S. R. 22 East West
716 Feet from North / South Line of Section
1610 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Johnson
Lease Name: Knabe A Well #: KR-13
Field Name: Gardner
Producing Formation: Bartlesville
Elevation: Ground: 1022 Kelly Bushing: 0000
Total Depth: 900 Plug Back Total Depth: 875
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: 875
feet depth to: 0 w/ 125 sx cmf.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 0 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: NAOMI JAMES Date: 10/03/2012



1095680

Operator Name: Kansas Resource Exploration & Development, LLC Lease Name: Knabe A Well #: KR-13
 Sec. 10 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Bartlesville	841'	181
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				
Gamma Ray Neutron CCL				

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	12.25	7	19	22	Portland	5	
Production	5.625	2.875	6.5	875	50/50 Poz	125	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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
2	841.0 - 849.0 17 Perfs	2" DML RTG	841.0' - 849.0

TUBING RECORD:	Size: 1"	Set At: 855'	Packer At: N/A	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	O. 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. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 39580
LOCATION Chanute, KS
FOREMAN Core Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
7/24/12	4448	Krabe A #KR-13	SE 10	14	22	JO																				
CUSTOMER Kansas Resource Exp + Dev			<table border="1"> <tr> <td>TRUCK #</td> <td>DRIVER</td> <td>TRUCK #</td> <td>DRIVER</td> </tr> <tr> <td>481</td> <td>Carlen</td> <td>CK</td> <td></td> </tr> <tr> <td>666</td> <td>Gar Moo</td> <td>GU</td> <td></td> </tr> <tr> <td>369</td> <td>Der Mas</td> <td>DM</td> <td></td> </tr> <tr> <td>510</td> <td>Bre Man</td> <td>BM</td> <td></td> </tr> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	481	Carlen	CK		666	Gar Moo	GU		369	Der Mas	DM		510	Bre Man	BM	
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MAILING ADDRESS 9393 W. 110th St, Suite 500																										
CITY	STATE	ZIP CODE																								
Ovstrand Park	KS	666210																								

JOB TYPE logstring HOLE SIZE 5 7/8" HOLE DEPTH 900' CASING SIZE & WEIGHT 2 7/8" F1E
 CASING DEPTH 875' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/lak _____ CEMENT LEFT in CASING 2 1/2" rubber plugs
 DISPLACEMENT 5.09 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 100 # Premium Gel, followed by 10 bbls fresh water, mixed + pumped 125 stg 50/50 Pozmix cement w/ 2% gel + 1/2 # Phenoseal per sk, cement to surface, flushed pump clean, pumped 2 2 1/2" rubber plugs to casing TD w/ 5.09 bbls fresh water, pressured to 1800 PSI, released pressure, shut in casing.

Handwritten initials/signature

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE		1000.00	
5406	30 mi	MILEAGE		120.00	
5402	875'	casing footage			
5407	minimum	ton mileage		350.00	
5502C	2 hrs	80 vac		180.00	
1124	125 stg	50/50 Pozmix cement		1368.75	
118D	310 #	Premium Gel		65.10	
1107A	63 #	Phenoseal		81.27	
4402	2	2 1/2" rubber plugs		56.00	
				7.525%	
				SALES TAX	118.23
				ESTIMATED TOTAL	3369.35

Rev. 3/07

AUTHORIZATION No Co. Rep on location 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