



KANSAS CORPORATION COMMISSION 1096060
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 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 #: _____

<u>05/31/2012</u>	<u>06/01/2012</u>	<u>06/15/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23552-00-00

Spot Description: _____
SE SW SW NW Sec. 14 Twp. 14 S. R. 22 East West
2810 Feet from North / South Line of Section
4780 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Johnson
Lease Name: KNABE D Well #: KR-9
Field Name: Gardner

Producing Formation: Bartlesville Sandstone
Elevation: Ground: 1033 Kelly Bushing: 0000
Total Depth: 926 Plug Back Total Depth: 901
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: 902
feet depth to: 0 w/ 123 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 Gambo Date: 10/09/2012



1096060

Operator Name: Kansas Resource Exploration & Development, LLC Lease Name: KNABE D Well #: KR-9
 Sec. 14 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>852'</td> <td>181'</td> </tr> </table>	Name	Top	Datum	Bartlesville	852'	181'
Name	Top	Datum					
Bartlesville	852'	181'					

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	902	50/50 Poz	123	

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
2	852.0' - 862.0'	2" DML RTG	852.0' - 862.0'

TUBING RECORD:	Size: 1"	Set At: 882'	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	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio

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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TICKET NUMBER 39809
 LOCATION Atkins
 FOREMAN Alan Maden

PO Box 884, Chanute, KS 66720
 820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-1-12	4498	Knabe D KR9	NW 14	14	23	JD
CUSTOMER Kansas Resources EOP			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 9393 W 10th			516	Alan Maden	3456	Meer
CITY STATE ZIP CODE Dremland Park KS 66210			868	Ar Mad	MMT	
JOB TYPE <u>Long string</u>			870	Keller	KL	
HOLE SIZE <u>5 7/8</u>			5 7/8	Mikhaa	MT	
HOLE DEPTH <u>926</u>			CASING SIZE & WEIGHT <u>2 1/8</u>			
CASING DEPTH <u>926</u>			DRILL PIPE TUBING OTHER			
SLURRY WEIGHT			WATER gal/tok CEMENT LEFT IN CASING <u>YAS</u>			
DISPLACEMENT <u>5 1/4</u>			DISPLACEMENT PSI <u>800</u> MIX PSI <u>200</u> RATE <u>4 bpm</u>			
REMARKS: <u>held crew meet. Established rate. Mixed & pumped 100# seal followed by 123.5k 50/50 cement plus 2 bags of 1/2 phen seal. Circulated cement. Flashed pump. Pumped 2 plugs to casing TD. Well held 800 PSI. Set float. Closed valve.</u>						

Utah Drilling

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		10.30.00
5406	JD	MILEAGE		120.00
5402	902'	Casing footage		
5407	min	ton miles		350.00
5502c	2 1/2	80 w/c		225.00
1124	123.5k	50/50 cement		1346.85
1118B	3074	seal		64.47
1107A	624	Pheno seal		79.98
4422	2	2 1/2 plugs		56.00
				SALES TAX
				ESTIMATED TOTAL

Completed

SCANNED

Revin 3737 250358 AUTHORIZATION *Madan* 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.