



KANSAS CORPORATION COMMISSION 1095987
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>08/28/2012</u> | <u>08/29/2012</u> | <u>09/28/2012</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-091-23915-00-00

Spot Description: _____
NE NW SE NW Sec. 14 Twp. 14 S. R. 22 East West
3753 Feet from North / South Line of Section
3319 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-20
Field Name: Gardner

Producing Formation: Bartlesville
Elevation: Ground: 1023 Kelly Bushing: 0000
Total Depth: 917 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: 908
feet 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: 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: Dorcas Gombor Date: 10/09/2012



1095987

Operator Name: Kansas Resource Exploration & Development, LLC Lease Name: Knabe D Well #: KR-20
 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 (Attach Additional Sheets) | <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 | 847' | 176' |
| Electric Log Run | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Electric Log Submitted Electronically (If no, Submit Copy) | <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 | 9.875 | 7 | 19 | 22 | Portland | 5 | |
| Production | 5.625 | 2.875 | 6.5 | 908 | 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 |
|----------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------|
| 2 | 847.0' - 854.0' 15 Perfs | 2" DML RTG | 847.0' - 854.0' |
| | | | |
| | | | |
| | | | |

| | | | | | |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------|---------------|---------------------------------------------------------------------|
| TUBING RECORD: | Size: | Set At: | Packer At: | Liner Run: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | " | 888' | N/A | | |
| 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: | METHOD OF COMPLETION: | PRODUCTION INTERVAL: |
| <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.) | <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) _____ | _____ |



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 39602
LOCATION Ottawa
FOREMAN Alan Maden

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------|--------------------------|-----------------------------------|-------|--------|
| 8-29-12 | 4448 | Knave D KR-20 | NW 14 | 14 | 22 | Jo |
| CUSTOMER <u>Kansas Resources E&D</u> | | | | | | |
| MAILING ADDRESS <u>9393 W 110th</u> | | | | | | |
| CITY <u>Overland Park</u> | | STATE <u>Ks</u> | ZIP CODE <u>66210</u> | | | |
| JOB TYPE <u>long string</u> | | HOLE SIZE <u>5 7/8</u> | HOLE DEPTH <u>917</u> | CASING SIZE & WEIGHT <u>2 7/8</u> | | |
| CASING DEPTH <u>907</u> | | DRILL PIPE | TUBING | OTHER | | |
| SLURRY WEIGHT | | SLURRY VOL | WATER gal/sk | CEMENT LEFT IN CASING <u>yes</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# gel, followed by 116 sk 50/50 cement plus 200 gal + 1/2 phenoseal per sack. Circulated cement. Flushed pump. Pumped 2 plugs to casing TD. Well held 800 PSI set floor. Closed valve.</u> | | | | | | |

Wah, Dave

Alan Maden

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|-----------------|-------------------|------------------------------------|------------|---------|
| 5401 | 1 | PUMP CHARGE | 368 | 1030.00 |
| 5406 | 1 | MILEAGE | 368 | — |
| 5402 | 907 | casing footage | 368 | — |
| 5407 | min | ten miles | 503 | 350.00 |
| 5502c | 2 | 80 val | 369 | 180.00 |
| 1124 | 116 | 50/50 cement | | 1270.20 |
| 1118B | 295# | gel | | 61.95 |
| 1121A | 58 | phenoseal | | 74.82 |
| 4402 | 2 | 2 1/2 plug | | 56.00 |
| 1123 | 2.5 | city water | | 41.25 |
| SALES TAX | | | | 113.18 |
| ESTIMATED TOTAL | | | | 3177.40 |

Rev'n 3737

AUTHORIZATION [Signature] 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

252502