



KANSAS CORPORATION COMMISSION 1096025
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>09/10/2012</u>	<u>09/11/2012</u>	<u>09/25/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23918-00-00

Spot Description: _____

SW NW SW NW Sec. 14 Twp. 14 S. R. 22 East West
3394 Feet from North / South Line of Section
5154 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 #: KRI-17

Field Name: Gardner

Producing Formation: Bartlesville Sandstone

Elevation: Ground: 1027 Kelly Bushing: 0000

Total Depth: 900 Plug Back Total Depth: 841

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: 871

feet depth to: 0 w/ 117 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: Dcanna Gortson Date: 10/09/2012



1096025

Operator Name: Kansas Resource Exploration & Development, LLC Lease Name: Knabe D Well #: KRI-17
 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 Wireline 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: none;"> <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>834.0'</td> <td>193'</td> </tr> </table>	Name	Top	Datum	Bartlesville	834.0'	193'
Name	Top	Datum					
Bartlesville	834.0'	193'					

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	871	50/50 Poz	117	

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	834.0' - 840.5' 22 Perfs	2" DML RTG	834.0' - 840.5

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 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. <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 68720
620-431-9210 or 800-467-8876

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 39675
LOCATION Ottawa
FOREMAN Alan Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-11-12	4448	Knabe D KR I-17	NW 14	14	22	JO
CUSTOMER Kansas Resources E+D			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 9393 W 110th			516	Alamed	Safety	Moet
CITY STATE ZIP CODE Overland Park KS 66210			368	Art Mad	ADM	
JOB TYPE <u>long string</u> HOLE SIZE <u>5 5/8</u> HOLE DEPTH <u>900</u> CASING SIZE & WEIGHT <u>2 1/2</u>			369	Der Mas	DM	
CASING DEPTH <u>871</u> DRILL PIPE _____ TUBING _____ OTHER _____			558	Bre Man	BMT	
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING <u>yes</u>			RATE <u>46ppm</u>			
DISPLACEMENT <u>5.1</u> DISPLACEMENT PSI <u>800</u> MIX PSI <u>200</u>			REMARKS: <u>Held crew meet. Established rate. Mixed & pumped 100# gel followed by 117 sk 50/50 cement plus 290 gal of 1/2" phenol seal per sack. Circulated cement. Flushed pump. Pumped 2 plugs to casing TD. Well held 800 psi. Set float. Closed valve.</u>			

Uxah, Jean

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1030.00
5406	30	MILEAGE	368	1200.00
5402	871	casing footage	368	320.00
5407	min	ton miles	558	180.00
5502C	2	80 val	369	1281.15
1124	117	50/50 cement		6237
118B	297#	gel		76.11
1107A	59#	phenol seal		56.00
4402	2	2 1/2 plug		

SALES TAX 111.04
ESTIMATED TOTAL 3266.67

AUTHORIZATION Judy 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

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