



KANSAS CORPORATION COMMISSION 1095845
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

API No. 15 - 15-091-23865-00-00
Spot Description:
NE SE SW SE Sec. 10 Twp. 14 S. R. 22 East West
537 Feet from North / South Line of Section
1436 Feet from East / West Line of Section

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.):

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Johnson
Lease Name: Knabe A Well #: KRI-8
Field Name: Gardner
Producing Formation: Bartlesville Sandstone
Elevation: Ground: 1028 Kelly Bushing: 0000
Total Depth: 915 Plug Back Total Depth: 894
Amount of Surface Pipe Set and Cemented at: 23 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: Feet
If Alternate II completion, cement circulated from: 895
feet depth to: 0 w/ 95 sx cmt.

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 #:
08/07/2012 08/08/2012 08/24/2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

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 Gantzer Date: 10/08/2012



1095845

Operator Name: Kansas Resource Exploration & Development, LLC Lease Name: Knabe A Well #: KRI-8

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 Yes No Log Formation (Top), Depth and Datum Sample
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No Name Top Datum
Bartlesville 841' 187'

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
(If no, Submit Copy)

List All E. Logs Run:

Gamma Ray
Neutron
CCL

CASING RECORD New 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	23	Portland	5	
Production	5.625	2.875	6.5	895	OWC	95	

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				

PERFORATION RECORD - Bridge Plugs Set/Type
Specify Footage of Each Interval Perforated

Acid, Fracture, Shot, Cement Squeeze Record
(Amount and Kind of Material Used)

Shots Per Foot	Footage	Bridge Plugs Set/Type	Acid, Fracture, Shot, Cement Squeeze Record	Depth
3	841.0 - 848.0	22 Perfs	2" DML RTG	841.0' - 848.0'

TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. Producing Method:
 Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity

DISPOSITION OF GAS:

Vented Sold Used on Lease
(If vented, Submit ACO-18.)

METHOD OF COMPLETION:

Open Hole Perf. Dually Comp. Commingled
(Submit ACO-5) (Submit ACO-4)
 Other (Specify)

PRODUCTION INTERVAL:



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 37445
LOCATION Ottawa
FOREMAN Alan Mader

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-8-12	4448	Knabe "A" KR I-8	SE 10	14	22	JD
CUSTOMER Kansas Resources			TRUCK #			
MAILING ADDRESS 9393 W 110th			DRIVER			
CITY Overland Park			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66210			TRUCK #			
			DRIVER			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 915 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 895 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING YES
DISPLACEMENT 5.2 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Hold crew meet, established rate. Mixed & pumped 100 # gel followed by 95 sk OWC plus 1/2 # flo seal per sack. Circulated cement. Flashed pump. Pumped 2 plugs to casing TD. Well held 800 PSI set flat closed valve.

Utah, Dave.

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	30	MILEAGE		120.00
5402	895	casing footage		
5407	mi	tax miles		350.00
5502L	2	30 OWC UAC		180.00
112L	95	OWC		1786.00
1118B	100 #	gel		21.00
1107	24 #	flo seal		56.40
11402	2	2 1/2 plug		56.00
SALES TAX				144.43
ESTIMATED TOTAL				3743.83

Rev 3737

AUTHORIZATION Dray 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

251910