

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

096260

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 #	4592		API No. 15 - 15-091-23873-00-00
	rce Exploration & Dev	velopment, LLC	Spot Description:
Address 1: 9393 W 110TH	1 ST, STE 500		NE_SW_NE_NE_Sec15_Twp14_S. R22
Address 2:			4512 Feet from North / South Line of Section
City: OVERLAND PARK	State: KS Zip:	66210 +	
Contact Person: Bradley Phone: (913) 669-2 CONTRACTOR: License #	Kramer 253		Footages Calculated from Nearest Outside Section Corner: NE NW SE SW County: Johnson
Name: Utah Oil LLC			Lease Name: Knabe M Well #: KRI-17
21/4			Field Name: Gardner vveii #:
Purchaser: Coffeyville Re	sources		Producing Formation: Squirrel Sandstone
Oil WSW Gas D&A OG CM (Coal Bed Methan Cathodic Othe	Re-Entry SWD ENHR GSW (Core, Expl., etc.):	Workover SIOW SIGW Temp. Abd.	Elevation: Ground: 1033 Kelly Bushing: 0000 Total Depth: 782 Plug Back Total Depth: 759 Amount of Surface Pipe Set and Cemented at: 23 Fee Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feel If Alternate II completion, cement circulated from: 759 feet depth to: 0 w/ 100 sx cmt
If Workover/Re-entry: Old W			
Operator:			Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
	e-perf. Conv. to E	NHR Conv. to SWD	Chloride content: 000000 ppm Fluid volume: 0000 bbls Dewatering method used: Evaporated
<u></u>	Plug	·	Location of fluid disposal if hauled offsite:
Commingled Dual Completion SWD ENHR GSW	Permit #: Permit #: Permit #:		Operator Name:
_		09/25/2012	
Spud Date or Da Recompletion Date		Completion Date or Recompletion Date	

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 I II Approved by: Desiria Garitor Date: 10/15/2012

Side Two



Operator Name: Kan	sas Resource Explor	ation & Development, LL	C Lease Name: _	Knabe M		Well #:KR	RI-17
Sec. 15 Twp. 14	s. R. <u>22</u>	🗹 East 🗌 West	County: John	nson	1		
time tool open and cle	osed, flowing and shu es if gas to surface te	d base of formations pen t-in pressures, whether s st, along with final chart(s well site report.	hut-in pressure rea	iched static level,	hydrostatic pres	ssures, bottom h	nole temperature, fluid
Drill Stem Tests Taker		☐ Yes ✓ No	[] L	.og Formatio	n (Top), Depth a	and Datum	☐ Sample
Samples Sent to Geo	,	☐ Yes 🗸 No	Nan	-		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted Electronically (If no, Submit Copy)		Yes No Yes No Yes No	Squin	rei		721'	312'
List All E. Logs Run: Gamma Ray Neutron CCL							
			RECORD V N				
Purpose of String	Size Hole Drilled	Report all strings set-c 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	759	50/50 Poz	100	
			<u> </u>				
		ADDITIONAL	CEMENTING / SQ	UEEZE RECORD			
Purpose: —— Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives			
Protect Casing Plug Back TD Plug Off Zone	-						
	-			<u>j</u>	····		
Shots Per Foot		ON RECORD - Bridge Plug Footage of Each Interval Per			cture, Shot, Cemer mount and Kind of M		d Depth
3	721.0' - 735.0' 4	4 Perfs		2" DML RTG 721.0' - 735.0			
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run;	Yes 📝 N	0	<u> </u>
Date of First, Resumed	Production, SWD or EN	HR. Producing Meth		Gas Lift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf War	ter B	bls.	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF GAS:		METHOD OF COMPL	ETION:		PRODUCTION	ON INTERVAL:
Vented Solo	Used on Lease	Open Hole	Perf. Duall		nmingled		
(If vented, Sui	bmit ACO-18.)	Other (Specify)	(Suomit	novaj (Subi	nit ACO-4)		



TICKET NUMBER	_37587
LOCATION ofta	waks
FOREMAN Fredy	Made

PO Box 884, Chanute, KS 65720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

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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 for

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