



KANSAS CORPORATION COMMISSION 1096276
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>08/15/2012</u>	<u>08/16/2012</u>	<u>09/17/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23874-00-00

Spot Description: _____
SE SW NE NE Sec. 15 Twp. 14 S. R. 22 East West
4100 Feet from North / South Line of Section
688 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Johnson

Lease Name: Knabe M Well #: KRI-18

Field Name: Gardner

Producing Formation: Squirrel Sandstone

Elevation: Ground: 1029 Kelly Bushing: 0000

Total Depth: 765 Plug Back Total Depth: 735

Amount of Surface Pipe Set and Cemented at: 24 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 749

feet depth to: 0 w/ 107 sx cmt.

Drilling Fluid Management Plan

(Date 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 Gamboa Date: 10/15/2012



1096276

Operator Name: Kansas Resource Exploration & Development, LLC Lease Name: Knabe M Well #: KRI-18
 Sec. 15 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>Squirrel</td> <td>713'</td> <td>316'</td> </tr> </table>	Name	Top	Datum	Squirrel	713'	316'
Name	Top	Datum					
Squirrel	713'	316'					

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	24	Portland	5	
Production	5.625	2.875	6.5	749	50/50 Poz	107	

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
3	713.0' - 721.0' 25 Perfs	2" DML RTG	713.0' - 721.0'

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
ON WELL SERVICES, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8878

TICKET NUMBER 37584
LOCATION Oftawa KS
FOREMAN Fred Maden

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/17/12	4448	Make "M" KRI-18	NE 15	14	22	JA
CUSTOMER						
Kansas Resources Expl + Dev.						
MAILING ADDRESS						
9393 W 110th St.						
CITY			STATE	ZIP CODE		
Overland Park			KS	66210		
JOB TYPE <u>Logging</u> HOLE SIZE <u>5 7/8</u> HOLE DEPTH <u>765</u> CASING SIZE & WEIGHT <u>2 7/8 EUE</u>						
CASING DEPTH <u>750</u> DRILL PIPE _____ TUBING _____ OTHER _____						
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING <u>2 2 1/2" Plugs</u>						
DISPLACEMENT <u>4.3608</u> DISPLACEMENT PSI _____ MIX PSI _____ RATE <u>5 BPM</u>						

REMARKS: Establish circulation. Mix + Pump 100* Gal Flush. Mix + Pump 107 SKS 50/50 Poz Mix Cement 2 7/8 Gal 1/2" Pheno Seal/sk. Cement to surface. Flush pump + lines clean. Displace 2 - 2 1/2" Rubber plugs to casing TD. Pressure to 800* PSI. Release pressure to set float valve. Shut in casing.

Utah Drilling Rig 1 Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	30m.	MILEAGE	495	120 ⁰⁰
5402	750	Casing for log		N/S
5407	1/2 minimum	Ten Miles	548	175 ⁰⁰
55020	1 1/2 hr	60 BDL Vac Truck	675	135 ⁰⁰
1124	107SKS	50/50 Poz Mix Cement		1171 ⁶⁵
1118B	290*	Premium Gel		58 ⁰⁰
1107A	54*	Pheno Seal		67 ⁶⁹
4403	2	2 1/2" Rubber Plugs		50 ⁰⁰
			7.525%	SALES TAX
				102.04
				ESTIMATED TOTAL
				2918 15

Rev. 3/7/97 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.

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