

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

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 #: _____

| 07/16/2012 | 07/17/2012 | 08/31/2012 |
|-----------------------------------|-----------------|---|
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-091-23844-00-00

Spot Description: _____
SW NW SW SE Sec. 10 Twp. 14 S. R. 22 East West
718 Feet from North / South Line of Section
2335 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: JohnsonLease Name: Knabe A Well #: KR-11Field Name: GardnerProducing Formation: BartlesvilleElevation: Ground: 1014 Kelly Bushing: 0000Total Depth: 900 Plug Back Total Depth: 873Amount of Surface Pipe Set and Cemented at: 22 FeetMultiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 877feet depth to: 0 w/ 112 sx cmt.**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: 000000 ppm Fluid volume: 0000 bblsDewatering 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 Garrison Date: 10/05/2012



1095938

Operator Name: Kansas Resource Exploration & Development, LLC Lease Name: Knabe A Well #: KR-11
 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) 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 (If no, Submit Copy) 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>Bartlesville</td> <td>833</td> <td>181</td> </tr> </table> | Name | Top | Datum | Bartlesville | 833 | 181 |
| Name | Top | Datum | | | | | |
| Bartlesville | 833 | 181 | | | | | |

| 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 | 877 | 50/50 Poz | 112 | |
| | | | | | | | |

| ADDITIONAL CEMENTING / SQUEEZE RECORD | | | | |
|--|------------------|----------------|--------------|----------------------------|
| Purpose: | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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 | 833.0' - 841.0' 17 Perfs | 2" DML RTG | 833.0' - 841.0 |
| | | | |
| | | | |
| | | | |

| | | | |
|--|-----------|---|-----------------------------------|
| TUBING RECORD: Size: <u>1"</u> Set At: <u>857'</u> Packer At: <u>N/A</u> | | 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 (If vented, Submit ACO-18.) | METHOD OF COMPLETION: <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) _____ | PRODUCTION INTERVAL: _____ _____ |
|--|--|--|

Summary of Changes

Lease Name and Number: Knabe A KR-11

API/Permit #: 15-091-23844-00-00

Doc ID: 1095938

Correction Number: 1

Approved By: Deanna Garrison

| Field Name | Previous Value | New Value |
|--------------------------------|--|--|
| Approved By | NAOMI JAMES | Deanna Garrison |
| Approved Date | 10/04/2012 | 10/05/2012 |
| CasingSizeHoleDrilledP DF_1 | 12.25 | 9.875 |
| Fluid Mngmt - Fluid Volume | 150 | 0000 |
| Save Link | ../kcc/detail/operatorE ditDetail.cfm?docID=10 95667 | ../kcc/detail/operatorE ditDetail.cfm?docID=10 95938 |