



KANSAS CORPORATION COMMISSION 1095844
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 #: _____
08/03/2012 08/06/2012 08/24/2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-091-23864-00-00
Spot Description: _____
NW SE SW SE Sec. 10 Twp. 14 S. R. 22 East West
499 Feet from North / South Line of Section
1749 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Johnson
Lease Name: Knabe A Well #: KRI-7
Field Name: Gardner
Producing Formation: Bartlesville Sandstone
Elevation: Ground: 1027 Kelly Bushing: 0000
Total Depth: 900 Plug Back Total Depth: 889
Amount of Surface Pipe Set and Cemented at: 21 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 890
feet depth to: 0 w/ 98 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: NAOMI JAMES Date: 10/08/2012



1095844

Operator Name: Kansas Resource Exploration & Development, LLC Lease Name: Knabe A Well #: KRI-7
Sec. 10 Twp. 14 S. R. 22 [X] 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 [X] No
Samples Sent to Geological Survey [] Yes [X] No
Cores Taken [] Yes [X] No
Electric Log Run [X] Yes [] No
Electric Log Submitted Electronically [X] Yes [] No
List All E. Logs Run: Gamma Ray, Neutron, CCL

CASING RECORD [X] New [] Used
Report all strings set-conductor, surface, intermediate, production, etc.
Table with columns: 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

ADDITIONAL CEMENTING / SQUEEZE RECORD
Table with columns: Purpose, Depth Top Bottom, Type of Cement, # Sacks Used, Type and Percent Additives

PERFORATION RECORD - Bridge Plugs Set/Type
Specify Footage of Each Interval Perforated
Table with columns: Shots Per Foot, PERFORATION RECORD, Acid, Fracture, Shot, Cement Squeeze Record, Depth

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 [X] Perf. [] Dually Comp. (Submit ACO-5) [] Commingled (Submit ACO-4) [] Other (Specify)
PRODUCTION INTERVAL:



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 37443
LOCATION Alan Mader
FOREMAN D. Davis

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
8-7-12	4448	Knabe A KB I-7	SE 10	14	22	JO
CUSTOMER Kansas Resources E+D			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1373 W 110th			516	Ala Mad	Safety	Meat
CITY Overland Park	STATE KS	ZIP CODE 66210	368	Ala Mad	ABM	
JOB TYPE <u>long string</u>	HOLE SIZE <u>5 5/8</u>	HOLE DEPTH <u>900</u>	505/T106	Gas Bic	JK	
CASING DEPTH <u>890</u>	DRILL PIPE	TUBING	510	Settur	ST	
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CASING SIZE & WEIGHT <u>2 7/8</u>			
DISPLACEMENT <u>5.17</u>	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	CEMENT LEFT IN CASING <u>yes</u>			
REMARKS: <u>held crew meet. Established rate. Mixed & pumped 100# gel followed by 98.5K OWC plus 1/4# flo seal per sack. Circulated cement. Flushed pump. Pumped 2 plugs to casing TD. Well held 800 PSI set float. Closed valve.</u>			RATE <u>4 bpm</u>			

Utah, Ken

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5421	L	PUMP CHARGE	368	11230.00	
5406		MILEAGE	368		
5422	890	casing footage	368		
5427A	152.88	ton air leg	510	204.86	
5501C	1 1/2	transport	T106	169.00	
1126	98	OWC		1842.40	
1118B	100#	gel		21.00	
1107	25#	flo seal		53.75	
4402	2	2 1/2 plug		56.00	
				SALES TAX	148.85
				ESTIMATED TOTAL	3529.86

Rev 03/73

NO COMPANY VEP

AUTHORIZATION

Jim OKD

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

251912