



KANSAS CORPORATION COMMISSION 1096325  
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  SLOW  
 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 #:  
04/30/2012 05/01/2012 05/09/2012  
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-091-23819-00-00  
Spot Description:  
NW SE NW NE Sec. 15 Twp. 14 S. R. 22  East  West  
4600 Feet from  North /  South Line of Section  
1876 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 #: KR-20  
Field Name: Gardner  
Producing Formation: Squirrel Sandstone  
Elevation: Ground: 1022 Kelly Bushing: 0000  
Total Depth: 900 Plug Back Total Depth: 876  
Amount of Surface Pipe Set and Cemented at: 22 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: Feet  
If Alternate II completion, cement circulated from: 880  
feet depth to: 0 w/ 123 sx cm.

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



1096325

Operator Name: Kansas Resource Exploration & Development, LLC Lease Name: Knabe M Well #: KR-20  
 Sec. 15 Twp. 14 S. R. 22  East  West County: Johnson

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all coros. 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Squirrel	718'	304'
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				
Gamma Ray Neutron CCL				

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	880	50/50 Poz	123	

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 <i>(Amount and Kind of Material Used)</i>	Depth
2	718.0' - 725.0' 15 Perfs	2" DML RTG	718.0' - 725.0'

TUBING RECORD:	Size: 1"	Set At: 860'	Packer At: N/A	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**  
Well Services, LLC

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

TICKET NUMBER 39704  
LOCATION Ottawa  
FOREMAN Alan Mader

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
5-1-12	4448	Knabe M KR-20	NE 15	14	22	JD	
CUSTOMER Kansas Resource E+D			TRUCK #	DRIVER	TRUCK #	DRIVER	
MAILING ADDRESS 9393 W 110th			576	Alan M	Safety	Meet	
CITY Overland Park			368	Artem	AKM		
STATE KS			369	Derek M	DM		
ZIP CODE 66210			578	Mike H	MH		
JOB TYPE	long string	HOLE SIZE	5 7/8	HOLE DEPTH	900	CASING SIZE & WEIGHT	2 7/8
CASING DEPTH	880	DRILL PIPE		TUBING		OTHER	
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT IN CASING	YES
DISPLACEMENT	5.1	DISPLACEMENT PSI	800	MIX PSI	200	RATE	4 bpm

REMARKS: Held crew meet. Established rate. Mixed + pumped. 102# gel followed by 123 sk 50/50 cement plus 2 1/2 gal 1/2" phenoseal. Circulated cement. Flushed pump. Pumped 2 plugs to casing TD. Well held 800 PST. Set float. Closed valve.

Utah Drilling

*Alan Mader*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
3401	1	PUMP CHARGE		1030.00
5406	30	MILEAGE		120.00
5402	880	casing footage		
5407	min	ten miles		350.00
5502C	2 1/2	80 V4C		225.00
1124	123 sk	50/50 cement		1346.85
1118B	307 #	gel		641.47
1107A	62 #	phenoseal		79.98
4402	2	2 1/2 plug		56.00
			SALES TAX	116.43
			ESTIMATED TOTAL	3388.73

From Utah

249572

AUTHORIZATION \_\_\_\_\_

TITLE *2 way*

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.