



KANSAS CORPORATION COMMISSION 1095829  
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 #: \_\_\_\_\_  
05/22/2012    05/23/2012    07/01/2012  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-091-23753-00-00  
Spot Description:  
SW NE SE SE Sec. 10 Twp. 14 S. R. 22  East | West  
786 Feet from [ ] North /  South Line of Section  
621 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-4  
Field Name: Gardner  
Producing Formation: Squirrel Sandstone  
Elevation: Ground: 1001 Kelly Bushing: 0000  
Total Depth: 770 Plug Back Total Depth: 748  
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: 755  
feet depth to: 0 w/ 101 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



1095829

Operator Name: Kansas Resource Exploration & Development, LLC Lease Name: Knabe A Well #: KRI-4  
 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<br><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                                | 688'                             | 313'                            |
| Electric Log Run   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |                                  |                                 |
| Electric Log Submitted Electronically<br><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  New  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               | 755           | 50/50 Poz      | 101          |                            |

ADDITIONAL CEMENTING / SQUEEZE RECORD

| Purpose:   | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
|--|------------------|----------------|--------------|----------------------------|
| <input type="checkbox"/> Perforate<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><input type="checkbox"/> Plug Off Zone |                  |                |              |                            |

PERFORATION RECORD - Bridge Plugs Set/Type  
Specify Footage of Each Interval Perforated

Acid, Fracture, Shot, Cement Squeeze Record  
*(Amount and Kind of Material Used)*

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br><i>(Amount and Kind of Material Used)</i> | Depth       |
|----------------|---|--|-------------|
| 3              | 688' - 698'   | 2" DML RTG   | 688' - 698' |

TUBING RECORD: Size: 1" Set At: 735' Packer At: N/A 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:

METHOD OF COMPLETION:

PRODUCTION INTERVAL:

Vented  Sold  Used on Lease  Open Hole  Perf.  Dually Comp.  Commingled  
*(If vented, Submit ACO-18.)* *(Submit ACO-5)* *(Submit ACO-4)*  
 Other (Specify) \_\_\_\_\_



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 39813

LOCATION Ottawa, KS

FOREMAN Carey Kennedy

PO Box 884, Chanute, KS 66720  
520-431-9210 or 800-467-8676

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

| DATE    | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|---------|------------|--------------------|---------|----------|-------|--------|
| 5/23/12 | 4448       | Knabe A # KRI-4    | SE 10   | 14       | 22    | JO     |

CUSTOMER  
Kansas Resource Exp + Dev  
MAILING ADDRESS  
9393 W 110th St, Ste 500  
CITY  
Overland Park STATE  
KS ZIP CODE  
66210

| TRUCK # | DRIVER | TRUCK # | DRIVER |
|---------|--------|---------|--------|
| 481     | Casken | CLC     |        |
| 495     | Harbec | HB      |        |
| 548     | Mikhaa | MH      |        |
| 675     | Keidet | KD      |        |

JOB TYPE longstring HOLE SIZE 5 5/8" HOLE DEPTH 770' CASING SIZE & WEIGHT 2 7/8" EUE  
CASING DEPTH 755' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2-2 1/2" rubber plugs  
DISPLACEMENT 4.39 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5.5 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 100 # Premium gel followed by 10 bbls fresh water, mixed + pumped 101 sks 50/50 Pozmix cement w/ 270 gal A 1/2 # Phenoseal per sk, cement to surface, flushed pump clean, pumped 2-2 1/2" rubber plugs to casing TD w/ 4.39 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, released pressure, shut in casing.

*AKG*

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL           |
|--------------|-------------------|------------------------------------|------------|-----------------|
| 5401         | 1                 | PUMP CHARGE                        |            | 1030.00         |
| 5406         | 30 mi             | MILEAGE                            |            | 120.00          |
| 5402         | 755'              | Casing footage                     |            |                 |
| 5407         | minimum           | ton mileage                        |            | 350.00          |
| 5502C        | 2 hrs             | 80 vac                             |            | 180.00          |
| 1124         | 101 sks           | 50/50 Pozmix cement                |            | 1105.95         |
| 1118B        | 270 #             | Premium Gel                        |            | 56.70           |
| 1107A        | 51 #              | Phenoseal                          |            | 65.79           |
| 4402         | 2                 | 2 1/2" rubber plug                 |            | 56.00           |
|              |                   |                                    | 7.525%     | 96.65           |
|              |                   |                                    |            | ESTIMATED TOTAL |
|              |                   |                                    |            | 3061.09         |

4-000-3737

250108

AUTHORIZATION \_\_\_\_\_

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