



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 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



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.

<p>Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i></p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i></p> <p>List All E. Logs Run:</p> <p><small>Gamma Ray Neutron CCL</small></p>	<p><input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample</p> <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>688'</td> <td>313'</td> </tr> </table>	Name	Top	Datum	Squirrel	688'	313'
Name	Top	Datum					
Squirrel	688'	313'					

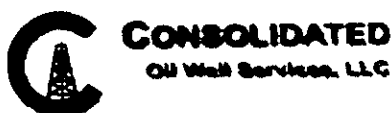
CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	9.875	7	19	22	Portland	5	
Production	5.625	2.875	6.5	755	50/50 Poz	101	

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	688' - 698'	2" DML RTG	688' - 698'

TUBING RECORD: Size: <u>1"</u> Set At: <u>735'</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

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><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></p> <p><input type="checkbox"/> Other (Specify) _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p>
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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	Knobe 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	HarBee	HB	
548	Mikhaa	MH	
675	Keidet	KD	

JOB TYPE Longstring HOLE SIZE 5 7/8" 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/ 2 7/8 gel & 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%	SALES TAX 96.65
				ESTIMATED TOTAL 3061.09

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