

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 #:

05/16/2012

05/17/2012

06/13/2012

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API No. 15 - 15-091-23825-00-00

Spot Description:

NE SE NW NE Sec. 15 Twp. 14 S. R. 22 East West4321 Feet from North / South Line of Section1570 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 #: KRI-14

Field Name: Gardner

Producing Formation: Bartlesville

Elevation: Ground: 1007 Kelly Bushing: 0000

Total Depth: 900 Plug Back Total Depth: 872

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: 873

feet depth to: 0 w/ 114 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 DistributionALT I II III Approved by: Deanna Garrison Date: 12/06/2012



1103916

Operator Name: Kansas Resource Exploration & Development, LLC Lease Name: Knabe M Well #: KRI-14
 Sec. 15 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 <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 | Bartlesville | 832' 175' |
| 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 | 873 | 50/50 Poz | 114 | |

| 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 | 832.0' - 842.0' 31 Perfs | 2" DML RTG | 832.0' - 842.0 |

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: <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> <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|---|--|--|

Summary of Changes

Lease Name and Number: Knabe M KRI-14

API/Permit #: 15-091-23825-00-00

Doc ID: 1103916

Correction Number: 1

Approved By: Deanna Garrison

| Field Name | Previous Value | New Value |
|------------------------------|---|---|
| Approved Date | 10/12/2012 | 12/06/2012 |
| CasingNumbSacksUse dPDF_2 | 14 | 114 |
| Producing Formation | Bartlesville Resources | Bartlesville |
| Save Link | ../kcc/detail/operatorEditDetail.cfm?docID=1096257 | ../kcc/detail/operatorEditDetail.cfm?docID=1103916 |