

Kansas Corporation Commission Oil & Gas Conservation Division

1082616

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R 🔲 East 🗌 West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec Twp S. R
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	

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: Date:

Side Two



Operator Name: _ Lease Name: _ _ Well #: _ County: _ 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 Wireline Logs surveyed. Attach final geological well site report. **Drill Stem Tests Taken** Yes No Log Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum Samples Sent to Geological Survey ☐ Yes □ No Cores Taken Yes No Electric Log Run Electric Log Submitted Electronically Yes No (If no, Submit Copy) List All E. Logs Run: CASING RECORD Used New Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight # Sacks Type and Percent Type of Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Additives Depth Cement Used ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated (Amount and Kind of Material Used) Depth TUBING RECORD: Size: Set At: Packer At: Liner Run: No Yes Producing Method: Date of First, Resumed Production, SWD or ENHR. Pumping Gas Lift Other (Explain) Flowing **Estimated Production** Bbls. Water Bbls. Gas-Oil Ratio Oil Gas Mcf Gravity Per 24 Hours **DISPOSITION OF GAS:** METHOD OF COMPLETION: PRODUCTION INTERVAL: Open Hole Dually Comp. Perf. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

Yates Center, KS

Lease Name: Campbell Operator: Verde Oil Co.	Spud Date: 10/27/2011	Surface Pipe Size: 7"		
Footage taken	Well# I-6-8	Bit Diameter 5 Trans	Depth: 20'	T.D.:899
- ootage taken	Sample type	Bit Diameter: 5 7/8"		
0_5	soil			
5_64	lime			
64_67	black shale			
67_70	lime			
70_82	shale			
32_161	lime			
61_259	shale			
259_266	lime			
266_296	shale			
96_338	lime			
38_350	shale			
50_358	lime			
58_382	shale			
82_388	lime			
88_418	shale			
18_421	lime			
	shale			
	lime			
47_451	shale			
51_475	lime			
75_486	shale			
86_501	lime			
01_511	shale			
11_513	lime			
13_569	shale			
69_571	lime			
71_612	shale			
612_613	lime		+	
313_702	shale			
702_718	lime			
718_722	hard lime			
722_738	lime			
738_806	shale			
306_812	lime			
812_817	shale			
817_882	oil sand			
882_898	shale lime			
898_899	99 TD			



TICKET NUMBER 33022

LOCATION OF AMOUNT AS

FOREMAN Fred Mader

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

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WELI	L NAME & NUMI	BER	SECTION	TOWNSHIP	RANGE	COUN	ΓY
/0/요용/!(CUSTOMER	8520	Campbell # I-6.8		29	26	20	AL		
	01 %	Jeff Dal			TRUCK#	DRIVER	TRUCK#	DRIVE	D
Verde MAILING ADDRE	ESS	VEII DOL	<u> </u>	-	506	FREMAD	Safe X	DRIVE	ıĸ
3345	Arizona	Rd	•		495	HARBEC	HB T	they	
CITY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	STATE	ZIP CODE		505/710h	CASKEN	111		
Soven by	176	KS	66772		503	KEICAR	KC	1.	
JOB TYPE LO		HOLE SIZE	578	HOLE DEPTI	1 6.99	CASING SIZE & V		& EUE	
CASING DEPTH	770	DRILL PIPE		TUBING	580'	_ 0.10.110 0.22 0.1	OTHER		
SLURRY WEIGH		SLURRY VOL_		WATER gal/s		CEMENT LEFT in		Plus + 10	. (
DISPLACEMENT	r <u>s./B</u> A	DISPLACEMEN	T PSI	MIX PSI		RATE 5 BP		0	_
REMARKS: E	stablish	circu la	Xlon.	Tix + Pu	MD 100 \$		rel Flush		
m_{Σ}	* Pump		, .		Mix Con		el 5% Se	ed	
500	KalSeal	Isk. C	enux	Tiller . t.		Flushpun	14/neg	dean.	
DA:	place	125" RI	bher	alve to	Battle	w/ 5.1 B	<i>F</i> <u> </u>	4	
Wa	Ken. Pre	SSUVE	to 800*	PSI. R	loase p	ressure +	to sex 7	Hook	
Val	ve. Sh	wy.h (ash	Note:	Me Cus		plied à	5/2"	
*	hatch	dous	Plug.				′		
Note	" Washe	d down	1 \$x Co	sula			122		
51	eve Leis	Drille	4	V.		Jud	Made		
ACCOUNT		· · · · · · · · · · · · · · · · · · ·	/						
ACCOUNT CODE	QUANITY	or UNITS	DE	SCRIPTION of	SERVICES or P	RODUCT	UNIT PRICE	ТОТА	L
5401	/	1	PUMP CHARG	E		495		975	وم
5406	>	70mi'	MILEAGE			495	:		<u>~</u>
5402	8-9	6	Casino	Loo Yac	R		·	NIC	
540 7A	<u> </u>	62.56	Ton	niles		503		459	<u>35</u>
5501C		3 hrs	Trans	port	· · · · · · · · · · · · · · · · · · ·	505/706		.336	9
		1 4	.*	<i>'</i>		<u> </u>			
1124		112 cks	50/50	Porm:	x Cemen	<i>f</i>		1170	وي
1118B		268*	frem	run Cel				57	60
1111		217#		aked &				75	.95
IIID A		2.00 st	Kol Se					246	40
HELDE	-	4-	71						
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					.742				
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AUTHORIZTION_	//	h		TITLE			TOTAL DATE	37,17	1.

account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.