



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

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 #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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: _____ Date: _____



1082618

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West 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 Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input 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

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

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
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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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Hodown Drilling

Yates Center, KS

Lease Name: Campbell	Spud Date: 11/2/11	Surface Pipe Size: 7"	Depth: 20'	T.D.:898
Operator: Verde Oil Co.	Well # I-6-12	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_4	soil			
4_57	lime			
57_61	shale			
61_64	lime			
64_82	shale			
82_130	lime			
130_138	shale			
138_160	lime			
160_255	shale			
255_258	lime			
258_295	shale			
295_330	lime			
330_333	shale			
333_338	lime			
338_417	shale			
417_446	lime			
446_484	shale			
484_499	lime			
499_507	shale			
507_508	lime			
508_711	shale			
711_713	lime			
713_720	shale			
720_732	lime			
732_825	shale			
825_832	broken sand some oil			
832_842	oil sand			
842_860	good oil sand			
860_898	shale			
	898 TD			



CONSOLIDATED
Oil Well Services, LLC

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

**FIELD TICKET & TREATMENT REPORT
CEMENT**

TICKET NUMBER 33052

LOCATION Ottawa KS

FOREMAN Fred Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/3/11	8520	Campbell # J-6-12	SE 29	26	20	AL

CUSTOMER
Verde Oil

MAILING ADDRESS
3345 Arizona Rd

CITY
Sauonburg

STATE
KS

ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
506	FREMAD	Safety	WJ
369	GARMOO	GM	
510	KEIDET	120	
368	ARLMCD	ARM	

JOB TYPE Long String HOLE SIZE 5 7/8 HOLE DEPTH 903 CASING SIZE & WEIGHT 2 7/8 EUE

CASING DEPTH 894 DRILL PIPE Bottle in Tubing @ 895 OTHER

SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT In CASING 16' + Plug

DISPLACEMENT 5.1 DISPLACEMENT PSI MIX PSI RATE

REMARKS: Wash last Jt. down. Mix Pump 100# Premium Gel Flush.
Mix Pump 118 sks 50/50 Por Mix Cement 20 gal 5% Salt
5# Kol Seal/sk. Cement to surface. Flush pump & lines clean.
Displace 2 1/2" Rubber latch down plug (Customer's) to Bottle
w/ 5.1 BBL Fresh Water. Pressure to 800# PSI. Release
pressure to set float valve. Shut in casing.

Steve Heis Drilling.
Customer Supplied latch down Plug. Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	975 ⁰⁰
5406	-0-	MILEAGE Truck on lease		NIC
5402	894	Casing footage		NIC
5407K	384.09	Ton Miles		483 ⁹⁵
5502C	2 1/2 hrs	80 BBL Vac Truck		225 ⁰⁰
1124	118 sks	50/50 Por Mix Cement		1233 ¹⁰
1118	299 #	Premium Gel		59 ⁸⁰
1111	228 #	Granulated Salt		79 ⁸⁰
3110A	590 #	Kol Seal		259 ⁶⁰
			7.3%	SALES TAX
				ESTIMATED
				TOTAL

Revin 3737

AUTHORIZATION [Signature] 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.