



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: _____



1082639

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Lease Name: Campbell	Spud Date: 10-27-2011	Surface Pipe Size: 7"	Depth: 20'	T.D.:898
Operator: Verde Oil Co.	Well # 6-7	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_6	soil			
6_59	lime			
59_63	black shale			
63_66	lime			
66_85	shale			
85_104	lime			
104_109	shale			
109_119	lime			
119_126	shale			
126_162	lime			
162_258	shale			
258_261	lime			
261_297	shale			
297_313	lime			
313_315	lime			
315_317	shale			
317_321	lime			
321_324	shale			
324_331	lime			
331_334	shale			
334_336	lime			
336_354	shale			
354_357	lime			
357_421	shale			
421_425	lime			
425_432	shale			
432_438	lime			
438_441	shale			
441_446	lime			
446_485	shale			
485_497	lime			
497_510	shale			
510_514	lime			
514_803	shale			
803_810	brown sand			
810_821	sandy shale			
821_850	oil sand			
850_865	darker oil sand			
865_870	sandy shale			
870_898	shale			
898	TD			



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 33409

LOCATION Eureka

FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-17-11	8520	Cambell # 6-7	29	21s	20E	Allen
CUSTOMER			TRUCK #			
Mailing Address			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
JOB TYPE			DRIVER			

Customer: Verde Oil
Mailing Address: 3345 Arizona Rd
City: Savannah STATE: KS ZIP CODE: 66722
Job Type: Long string HOLE SIZE: 5 1/4 HOLE DEPTH: 898' CASING SIZE & WEIGHT: _____
CASING DEPTH: 894' DRILL PIPE: _____ TUBING: 2 7/8 OTHER: _____
SLURRY WEIGHT: 12.5# SLURRY VOL: _____ WATER gal/sk: _____ CEMENT LEFT in CASING: _____
DISPLACEMENT: 5.1666 DISPLACEMENT PSI: 500# Bump plug 1000# RATE: _____

REMARKS: Safety meeting: Rig up to 2 7/8 tubing with wash head. Break circulation with fresh water. Wash down 1 joint tubing. - Mix 300# Gel flush. Circulate Gel all way around tubing. Mix 125 sks 60/40 poz mix Cement w/ 5# Kal Seal, 5% salt & 2% gel AT 12.5#/gal. Shut down. Wash out pump & lines. Put in latch down plug. Displace 5.1666 Fresh water. Final pumping pressure 500# Bump plug 1000#. Wait 2 min Release pressure. Plug held. Good cement Return to surface.
Job complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	70	MILEAGE	4.00	280.00
1131	125 sks	60/40 poz mix Cement	11.95	1493.75
1110A	625 #	Kal-Seal 5# per/sk	.44	275.00
1118B	215 #	Gel 2%	.20	43.00
1111	300#	Salt 5%	.35	105.00
5407A	5.38 Tons	Ton mileage Bulk Truck	1.26	474.52
5501C	6 hrs	Water Transport	112.00	672.00
1123	3000 gallon	CITY water	15.64/casa	46.80
8118B	300#	Gel flush	.20	60.00
			Sub Total	4,425.07
			7.55%	SALES TAX 152.78
			ESTIMATED TOTAL	4577.85

Revin 3737

K. McC

046031

AUTHORIZATION By Jeff Dale 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.