



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: _____



1082641

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: 11/1/11	Surface Pipe Size: 7"	Depth: 20'	T.D.:898
Operator: Verde Oil Co.	Well # 6-11	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_4	soil			
4_61	lime			
61_64	black shale			
64_67	lime			
67_83	shale			
83_156	lime			
156_256	shale			
256_264	lime			
264_293	shale			
293_296	lime			
296_316	shale			
316_318	lime			
318_322	shale			
322_329	lime			
329_331	shale			
331_333	lime			
333_352	shale			
352_355	lime			
355_419	shale			
419_420	lime			
420_426	shale			
426_436	lime			
436_440	shale			
440_446	lime			
446_487	shale			
487_500	lime			
500_513	shale			
513_517	lime			
517_570	shale			
570_572	lower squirrel cap			
572_617	shale			
617_619	lime			
619_711	shale			
711_712	lime			
712_723	shale			
723_736	green sand			
736_803	shale			
803_842	badly broke, some light color			
842_845	some free oil			
845_866	good sand, good free oil			
866_876	gray sand, faint odor			
876_886	no odor			
886_898	shale			
898	TD			



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 33051
LOCATION Ottawa KS
FOREMAN Fred Madu

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/2/11	8520	Campbell # 16-11	29	26	20	AL
CUSTOMER <u>Verde Oil</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>3345 Arizona Rd</u>			<u>506 FREMAD Safety Mtg</u>			
CITY STATE ZIP CODE			<u>368 AELMCD ARM</u>			
<u>Savonburg KS 66772</u>			<u>369 GARMOD GM</u>			
			<u>510 KEIDET ICD</u>			

JOB TYPE <u>Long Slurry</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>903</u>	CASING SIZE & WEIGHT <u>2 7/8 EUE</u>
CASING DEPTH <u>893'</u>	DRILL PIPE <u>Baffle</u>	TOBING <u>877'</u>	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>16' + Plug</u>
DISPLACEMENT <u>5.1 BBL</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>4 BPM</u>

REMARKS: Establish Circulation. Mix + Pump 100# Premium Gel Flush
Mix + Pump 118 SKS 50/50 Por Mix Cement 2% Gel 5% Salt
5# Kol Seal/sk. Cement to Surface. Flush pump + lines
clean. Displace 2 1/2" Rubber latch down Plug to Baffle w/
5.1 BBL Fresh water. Pressure to 800# PSI. Release Pressure
to set float valve. Shut in Casing

Customer supplied latch down Plug
Steve Heis Drilling

Fred Madu

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	975 ⁰⁰
5406	70 mi	MILEAGE	368	280 ⁰⁰
5402	893'	Casing footage		N/C
5427A	384.09	Ton Miles	510	483.95 ⁰⁰
5502C	2 1/2 hrs	50 BBL Vac Truck	309	225 ⁰⁰
1124	118 SKS	50/50 Por Mix Cement		1233 ¹⁰
115B	299#	Premium Gel		598 ⁰⁰
1111	228#	Granulated Salt		79 ⁸⁰
1110A	590#	Kol Seal		259 ⁶⁰
			7.5	123.23
			SALES TAX	
			ESTIMATED	
			TOTAL	3719.48

245078

Ravin 9737

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.