



KANSAS CORPORATION COMMISSION 1082751
OIL & GAS CONSERVATION DIVISION

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 # _____

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: _____



1082751

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Hodown Drilling

Yates Center, KS

Lease Name: Campbell	Spud Date: 11/14/11	Surface Pipe Size: 7"	Depth: 20'	T.D.:898
Operator: Verde Oil Co.	Well # 65-85	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_4	soil			
4_57	lime			
57_64	black shale			
64_67	lime			
67_85	shale			
85_99	lime			
99_107	shale			
107_111	lime			
111_116	shale			
116_133	lime			
133_139	shale			
139_161	lime			
161_254	shale			
254_258	lime			
258_295	shale			
295_298	lime			
298_316	shale			
316_318	lime			
318_323	shale			
323_329	lime			
329_332	shale			
332_335	lime			
335_352	shale			
352_356	lime			
356_383	shale			
383_386	lime			
386_416	shale			
416_443	lime			
443_484	shale			
484_498	lime			
498_508	shale			
508_512	lime			
512_701	shale			
701_711	lime			
711_720	shale			
720_734	soft lime			
734_802	shale			
802_807	lime			
807_818	shale			
818_855	oil sand			
855_865	darker oil sand			
865_882	less oil bleed			
882_898	shale			
898	TD			



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 33415

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												
11-22-11	8520	Cambell # 65-85				Allen												
CUSTOMER <u>Verde Oil</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>485</td> <td>Alan m</td> <td></td> <td></td> </tr> <tr> <td>611</td> <td>Chris B</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	485	Alan m			611	Chris B		
TRUCK #	DRIVER	TRUCK #					DRIVER											
485	Alan m																	
611	Chris B																	
MAILING ADDRESS <u>3345 Arizona Rd</u>																		
CITY <u>Sauvburg</u>	STATE <u>KS</u>	ZIP CODE <u>66772</u>																

JOB TYPE Logging HOLE SIZE _____ HOLE DEPTH 898' CASING SIZE & WEIGHT _____
 CASING DEPTH 894' DRILL PIPE _____ TUBING 2 3/4 OTHER _____
 SLURRY WEIGHT 13.6[#] SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 5.10 bbls DISPLACEMENT PSI 400[#] 1. Bump Plug 1200[#] RATE _____

REMARKS: Safety meeting: Rig up to 2 3/4 tubing with wash head. Wash down 3 joints tubing. Pump 300[#] Gel flush. Circulated around tubing. Mix 120 sks 60/40 port mix cement w/ 5[#] Kel-Seal, 5% salt & 2% Gel. Shut down. Wash out pump & lines. Put in latch down plug. Displace with 5.10 bbls fresh water. Final pumping pressure 400[#]. Bump Plug 1200[#] wait 2 min. Release pressure. Plug held. 5 bbls cement slurry to pt. 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
		MILEAGE <u>2nd well</u>	-	-
1171	1305K5	60/40 port mix cement	11.95	1553.50
1110A	650 [#]	Kel-Seal 5 [#] per/sk	.44	286.00
1118B	225 [#]	Gel 2%	.20	45.00
1111	310 [#]	Salt 5%	.35	108.50
1118B	300 [#]	Gel Flush	.20	60.00
5407A	5.59	Ten Mileage Bulk Truck	1.26	493.04
5507A	3 1/2 hrs	80 bbl Vacuum Truck	90.00	315.00
1123	2500 gallons	CITY WATER	15.64/1000	39.00
			Sub Total	3875.04
			SALES TAX <u>7.55%</u>	157.94
			ESTIMATED TOTAL	4032.98

Ravin 3737

246114

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.