



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
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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: _____



1084733

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Verde Oil Company
Well Name	E. Davidson 9
Doc ID	1084733

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	976' - 984', 17 shots	300 gallons 15% HCL	976' - 984'
		50# 16-30 sand, 3950# 12-20 sand	
		140 barrels 10# gelled water	
2	924' - 940', 33 shots	300 gallons 15% HCl	924' - 940'
		50# 16-30 sand, 3950# 12-20 sand	
		148 barrels 10# gelled water	

Lease Name: E. Davidson	Spud Date: 10-19-2011	Surface Pipe Size: 7"	Depth: 40'	T.D.: 1052
Operator: Verde Oil Co.	Well # 9	Bit Diameter: 5 7/8"		
Footage taken	Sample type	Footage taken	Sample Type	
0_8	soil	1036_1052	shale	
8_13	clay		1052 TD	
13_25	sand			
25_97	shale			
97_158	lime			
158_180	shale			
180_182	lime			
182_190	shale			
190_315	lime			
315_327	shale			
327_343	lime			
343_348	shale			
348_352	lime			
352_372	soft white lime			
372_379	hard lime			
379_396	shale			
396_397	lime			
397_432	shale			
432_433	lime			
433_453	shale			
453_509	lime			
509_515	shale			
515_517	lime			
517_522	shale			
522_542	lime			
542_548	shale			
548_555	lime			
555_560	shale			
560_575	lime			
575_735	big shale			
735_740	lime			
740_763	shale			
763_775	lime			
775_837	shale			
837_842	lime			
842_846	shale			
846_871	lime			
871_887	shale			
887_912	lime			
912_917	black shale			
917_819	lime			
819_926	mulky			
926_934	oil sand/some shale			
934_939	good oil sand			
939_944	very little sand			
944_965	shale			
965_966	lime			
966_969	shale			
969_971	lime			
971_974	oil sand and shale			
974_979	good oil sand			
979_984	very little bleed			
984_1034	shale			
1034_1036	lime			



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 33307
LOCATION Eureka
FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT

CEMENT API 13-207-27966

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-20-11	8530	E Davidson # 9				Woodson
CUSTOMER <u>Verde Oil Company</u>						
MAILING ADDRESS <u>3345 Arizona Rd</u>						
CITY <u>Savannah</u>		STATE <u>Ks</u>	ZIP CODE <u>66712</u>			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>485</u>	<u>Alan m</u>		
			<u>479</u>	<u>John</u>		
			<u>437</u>	<u>Rick</u>		

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 1054' CASING SIZE & WEIGHT _____
 CASING DEPTH 1052' DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT 13.5# SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 6 bbls DISPLACEMENT PSI 500# MIX-PSI Bump Plug 1300# RATE _____

REMARKS: Safety meeting. Rig up to 2 3/8 Tubing with wash head. Wash Tubing down 5' Circulate on well 10 min. Pump 200# Gel Flush + 5 bbls water. Mix 140 sks 60/40 per mix cement 4 1/2" salt, 5" Kol-seal, 2% gel. Shut down wash out pumps lines. Drop latch down plug. Displace with 6 bbls Fresh water. Final pumping Pressure 500# Bump Plug 1300# Wait 10 min. Release pressure Plug held. Good cement Returns to surface 6 bbls slurry to pit. Job Complete Rig down

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	30	MILEAGE	4.00	120.00
1131	140 sks	60/40 Per mix	11.95	1673.00
1111	335	5" Salt	.35	117.25
1110A	700#	5" Kol-seal	.44	308.00
1118B	240#	2% Gel	.20	48.00
1118B	200#	Gel Flush	.20	40.00
5407A	6.02	Tan Mileage Bulk Truck	m/c	330.00
5502C	3 hrs	80 bbl Vacuum Truck	90.00	270.00
1123	3000 gallon	City Water	15.60/1000	46.80
			Sub Total	3928.05
			SALES TAX 7.3%	163.01
			ESTIMATED TOTAL	4091.06

Revin 3737  245250 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.