



KANSAS CORPORATION COMMISSION 1084750
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: _____



1084750

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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: _____ _____
---	--	--

Form	ACO1 - Well Completion
Operator	Verde Oil Company
Well Name	L. Davidson 23
Doc ID	1084750

All Electric Logs Run

Neutron-Density
Dual Induction
Differential Temperature
Gamma Ray/Neutron/Casing Collar Log

Lease Name: L. Davidson	Spud Date: 10-24-2011	Surface Pipe Size: 7"	Depth: 40'	T.D.:1083
Operator: Verde Oil Co.	Well # 23	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_3	soil			
3_12	clay			
12_127	shale			
127_294	lime			
294_320	soft lime			
320_339	lime			
339_343	shale			
343_348	lime			
348_357	shale			
357_413	lime			
413_415	shale			
415_417	lime			
417_442	shale			
442_449	lime			
449_476	shale			
476_548	lime			
548_553	shale			
553_583	lime			
583_608	shale			
608_795	lime			
795_805	hard lime			
805_870	shale			
870_873	lime			
873_879	shale			
879_889	lime			
889_893	hard lime			
893_897	shale			
897_903	lime			
903_918	shale			
918_944	lime			
944_949	shale			
949_952	lime			
952_960	shale/mulky			
960_975	shale			
975_980	broken sand/shale oil show			
980_985	sand oil bleed			
985_996	shale			
996_999	lime			
999_1009	sand oil bleed			
1009_1020	sandy shale no oil			
1020_1083	shale			
1083	TD			



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 33327

LOCATION Eureka, KS

FOREMAN Shannon Felk

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

FIELD TICKET & TREATMENT REPORT

CEMENT 15-207-27969

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-25-11	8520	L Davidson # 23	3a	245	16 E	Woodson
CUSTOMER Verde Oil Company			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 3345 Arizona Rd			445	Dave G		
CITY STATE ZIP CODE Savanburg KS 66772			615	Calin H		
			637	Chris B		

JOB TYPE L/S oil HOLE SIZE 5 3/8" HOLE DEPTH 1081' CASING SIZE & WEIGHT _____
 CASING DEPTH 1061' DRILL PIPE _____ TUBING 2 3/8" OTHER _____
 SLURRY WEIGHT 135 # SLURRY VOL 37 Bbl WATER gal/sk 7.0 CEMENT LEFT in CASING _____
 DISPLACEMENT 6.1 Bbl DISPLACEMENT PSI 500 MIX PSI Bump plug to 900 RATE 3/4 to 1 Bpm

REMARKS: Rig up to 2 3/8" Tubing with washhead, washdown - 7' to PBTD. Circulated with 70 Bbl water on bottom out of pit. Mixed 4 SKS gel flush, 10 Bbl water spacer + 3 Bbl dye water. mixed 140 SKS 60/40 pozmix cement with 5% salt, 5# kol-seal/sk + 2% gel. Shut down wash out pump + lines. Stuff latch down plug + displace with 6.1 Bbl water. Good circulation @ all times 5-6 Bbl slurry to pit. Final pumping pressure of 500 psi, bumped plug to 1000 psi. Float + plug held good. Job complete

"Thanks Shannon + crew"

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 Pozmix Cement	11.95	1673.00
1111	335 #	5% salt	.35	117.25
1110 A	700 #	5# kol-seal/sk	.44	308.00
1118 B	240 #	2% gel	.20	48.00
1118 B	200 #	gel - flush	.20	40.00
5407	6.02	Ton-mileage bulk truck	m/c	330.00
5502 C	2 1/2 Hours	80 Bbl Vac Truck	90.00/HR	225.00
1123	3000 gals	City Water	15.00/1000 gal	46.80
			Sub total	3883.05
			7.3% SALES TAX	163.01
			ESTIMATED TOTAL	4046.06

Ravin 3737

245436

AUTHORIZATION Roan e Bryant 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.