

Kansas Corporation Commission Oil & Gas Conservation Division

1102341

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 #	API No. 15				
Name:	Spot Description:				
Address 1:	SecTwpS. R				
Address 2:	Feet from North / South Line of Section				
City:	Feet from _ East / _ West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()	□NE □NW □SE □SW				
CONTRACTOR: License #	County:				
Name:	Lease Name: Well #:				
Wellsite Geologist:	Field Name:				
Purchaser:	Producing Formation:				
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:				
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:				
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?				
Operator:					
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)				
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls Dewatering method used:				
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:				
Commingled Permit #:	Operator Name:				
Dual Completion Permit #:	Lease Name: License #:				
SWD Permit #:	Quarter Sec Twp S. R				
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:				
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date					

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 Approved by: Date:						

Side Two



Operator Name: _ Lease Name: _ _ Well #: _ 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 Wireline Logs surveyed. Attach final geological well site report. **Drill Stem Tests Taken** Yes No Log Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum Samples Sent to Geological Survey ☐ Yes □ No Cores Taken Yes No Electric Log Run Electric Log Submitted Electronically Yes No (If no, Submit Copy) List All E. Logs Run: CASING RECORD Used New Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight # Sacks Type and Percent Type of Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Additives Depth Cement Used ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated (Amount and Kind of Material Used) Depth TUBING RECORD: Size: Set At: Packer At: Liner Run: No Yes Producing Method: Date of First, Resumed Production, SWD or ENHR. Pumping Gas Lift Other (Explain) Flowing **Estimated Production** Bbls. Water Bbls. Gas-Oil Ratio Oil Gas Mcf Gravity Per 24 Hours **DISPOSITION OF GAS:** METHOD OF COMPLETION: PRODUCTION INTERVAL: Open Hole Dually Comp. Perf. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

McPherson Drilling LLC Drillers Log

 Rig Number:
 1
 S. 29
 T. 26
 R.20 E

 API No. -15- 001-30470
 County:
 Allen

 Elev. 997
 Location:
 N2 NW SW SE

Operator: Verde Oil Company

Address: 1020 NE Loop 410 Ste. 555

San Antonio, TX 78209

Well No: **75-75**

Lease Name:

Campbell

Footage Location:

1155 ft. from the

SOUTH Line

2310 ft. from the

EAST Line

Drilling Contractor:

McPherson Drilling LLC

Spud date:

7/9/2012

Geologist:

Date Completed:

7/10/2012

Total Depth: 910

Gas Tests:

Casing Record			Rig Time:		
	Surface	Production			
Size Hole:	9 7/8"	5 3/4"			
Size Casing:	7"				
Weight:	23#				
Setting Depth:	22.4'	N/C			
Type Cement:	Port		DRILLER:	Mac McPherson	
Sacks:	4	N/C			

,
Comments:
Start injecting @

Well Log									
Formation	Тор	Btm.	HRS. Formation	Тор	Btm.		Formation	Тор	Btm.
soil/clay	0	3	sandy shale	847	906				
lime	3	38	Miss lime	906	910	TD			
shale	38	44							
lime	44	151							
shale	151	249							
lime	249	255							
sandy shale	255	410							
lime	410	412							
coal/shale	412	418							
lime	418	430							
shale	430	475							
coal	475	476							
lime	476	491							
shale	491	502							
lime	502	206							
shale	206	634							
coal	634	636							
shale	636	725							
coal	725	727							
shale	727	770							
sand shale	770	799							
oil sand	799	827							
shale	827	833							
oil sand	833	847							





34886 LOCATION Evreka, KS FOREMAN Shannon

DATE_

PO Box 884, Chanute, KS 66720

FIELD TICKET & TREATMENT REPORT

620-431-9210	or 800-467-8676			CEMEN	IT			
DATE	CUSTOMER#	WELL N	IAME & NUM	IBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-10-12	8520	Campbe	#	75-75				AL
CUSTOMER	lerde 0	:1			TOUGH #			
MAILING ADDRE		1		-	TRUCK#	Allen B	TRUCK#	DRIVER
	· · · · · · · · · · · · · · · · · · ·	zona Rd			515	Calin H		
CITY		STATE Z	IP CODE	-	637	Chris B		
Savar	burg	KS	66772	ļ	657	CARIS D	 	
	astring o	HOLE SIZE 57	į //	HOLE DEPTI	912'	CASING SIZE & V	VEIGHT -	<u> </u>
CASING DEPTH	910	DRILL PIPE		_TUBING_2	Z"	J. 101110 J.L.L U (OTHER	
		SLURRY VOL	19 861	 WATER gal/s	k 5.8-6.0	CEMENT LEFT in		ne
DISPLACEMENT	5.2 Bb1	DISPLACEMENT F	PSI_600	MIX PSI BUT	no Plug to 1000	PRATE 1 BPM		
REMARKS: S		ting, Rig				Brook Cir		
.20 B		- 1' . T	mite		# 98/4/	ush, Follow	, ,	15-20Bb
water	Spacer,	2 Bb/	dye 1	water.	Mixed	1305KS	60/40	POZMNI
Cemen.	+ with	5 # KOI	Sea//	SK, 5%	salt 4	20/0 90/	@ 13.4.	-13.6 PP6.
		ash out	pump	y line	S. Stuf	f 2 7g"	latch.	down
plug of	<u>displace</u>	with 5	; 2 Bb	1 water	· t/out &	- Plug hel	d 900d.	Great
Circulat	100 @	all time	5 5	Bb/ S	Jurry to	Pita		
				.) (12/			
Company	Provided	Latch d	own f)/vg)`	Thank	s Sha	nnan d	- Crew
ACCOUNT CODE	QUANITY	or UNITS	DE	ESCRIPTION of	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
5401		Р	UMP CHAR				1030.00	1030,00
5406		M	ILEAGE	NR	2nd We	:11		
113)	130 :		60/40	Pozmi	X Come	\	17.55	1631,50
1110A	650		Koluse	al @ 5	-#/sk		.46	299.00
1118 B	225;		Gel @	2%			. 21	47, 25
1///	310=	H .	<u> 5a/+ (</u>	a 5%			<i>- 3</i> 7	14,70
					<u> </u>		<u></u>	
1118 B	300	#	Gel-	4 lush			• Z/	63.00
5407 A	5,59			mileage		Truck	1.34	524,34
5502C	3 HK	35	80 BL	ol Vac	Truck		90.00	270,00
								
								
								
							51671	3979.79
						7.55%	SUB Total	162.77
Ravin 3737			<u>_</u>	201	153		ESTIMATED	
	_			001			TOTAL	4142.33

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.