



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: _____



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				

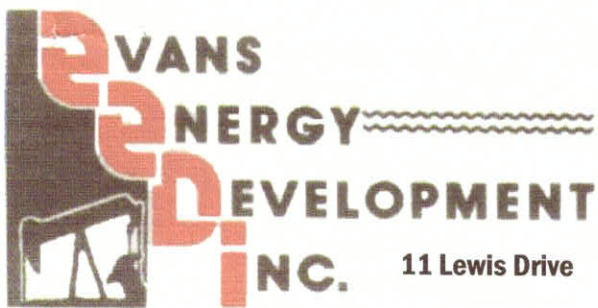
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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11 Lewis Drive

Paola, KS 66071

Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Verde Oil Company
Campbell #I-85-75
API #15-001-30,740
June 28 - July 1, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
6	soil & clay	6
24	lime	30
2	shale	32
24	lime	56
4	shale	60 making water
1	lime	61
16	shale	77
20	lime	97
3	shale	100
6	lime	106
3	shale	109
21	lime	130
2	shale	132
20	lime	152 base of the Kansas City
100	shale	252
5	lime	257 light oil show
33	shale	290
2	lime	292
18	shale	310
3	lime	313
4	shale	317
9	lime	326
22	shale	348
1	lime	349
31	shale	380
1	lime	381
34	shale	415
2	lime	417
1	coal	418
5	shale	423
13	lime	436
1	shale	437
6	lime	443
5	shale	448
1	lime	449
36	shale	485
15	lime	500
9	shale	509

5	lime	514
46	shale	560
4	lime	564
41	shale	605
1	lime	606
3	shale	609
1	coal	610
35	shale	645
1	coal	646
14	shale	660
4	silty shale	664
55	shale	719
3	sand	722 black sand, no show
8	silty shale	730
1	coal	731
59	shale	790
1	sand	791 light brown, no oil
5	shale	796
1	broken sand	797 brown & shale, light bleeding
1	shale	798
2	oil sand	800 brown, good bleeding
17	silty shale	817
14	oil sand	831 brown sand, good bleeding
0.5	coal	831.5
4.5	oil sand	836 brown sand, good bleeding
3	broken sand	839 brown & grey, good bleeding
20	oil sand	859 grey, good saturaton & bleeding
43	silty shale	902
1	lime	903 Mississippi
		903 TD

Drilled a 9 7/8" hole to 22.4'

Drilled a 5 5/8" hole to 903'

Set 22.4' of 6 5/8" threaded and coupled surface casing, cemented with 6 sacks cement.

Set 888.4' of use 2 7/8" 8 round upset tubing including 4 centralizers, 1 float shoe, 1 baffle and 1 clamp.



CONSOLIDATED
Oil Well Services, LLC

260236

TICKET NUMBER 42111

LOCATION Ottawa KS

FOREMAN Fred Maden

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
7-2-13	8520	Campbell # I. 85-75	SE 29	26	20	AL

CUSTOMER
Verda Oil

MAILING ADDRESS
3345 Arizona Rd

CITY Savannah STATE KS ZIP CODE 66772

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Maden		
495	Har Ber		
369	Der Mas		
515	Max Rob		

JOB TYPE Long Strain HOLE SIZE 5 7/8 HOLE DEPTH 903' CASING SIZE & WEIGHT 2 7/8 EUE

CASING DEPTH 889' DRILL PIPE Baffle in TUBING @ 873' OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 16' x 2 7/8" Plug

DISPLACEMENT 507 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Hold crew meeting. Establish pump rate. Mix + Pump 100# Gel Flush
Mix + Pump 50/50 per mix Cement 2% Gel 5% Salts 5#
Kol Seal / sk. Cement to surface. Flush pump + lines clean. Displace
2 1/2" Rubber plug to TD. Pressure to 800# PSI. Release pressure
to set float valve. Shut in casing.

Customer Supplied 2 1/2" Latchdown plug

Evans Energy Dev. Inc - Mitchell.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	70 mi	MILEAGE	495	294 ⁰⁰
5402	889'	Casing footage		N/C
5407A	353.29	Ton Miles		498 ¹⁴
5502C	3 hrs	80 BBL Vac Truck	369	290 ⁰⁰
1124	98 sks	50/50 per Mix Cement		1127 ⁰⁰
1118B	265 #	Premium Gel		58 ³⁰
1111	190 #	Granulated Salt		74 ¹⁰
1110A	490 #	Kol Seal		225 ⁴⁰
4407	+	2 1/2" Rubber Plug		
			7.4%	SALES TAX
				ESTIMATED TOTAL
				109 ⁸⁷
				3741 ⁸¹

completed

Ravin 3737

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.