

Confiden	tiality Requested:
Yes	No

Kansas Corporation Commission Oil & Gas Conservation Division

1179359

Form ACO-1 August 2013 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:			Sec	Twp S. R	East West
Address 2:			Feet	t from North / Sout	h Line of Section
City: St	ate: Ziŗ	D:+	Feet	t from East / West	t Line of Section
Contact Person:			Footages Calculated from Ne	earest Outside Section Corne	r:
Phone: ()			□ NE □ NW	□se □sw	
CONTRACTOR: License #			GPS Location: Lat:	, Long:	
Name:				g. xx.xxxxx) ((e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27 N		
Purchaser:			County:		
Designate Type of Completion:			Lease Name:	Well #:	
New Well Re-	-Fntrv	Workover	Field Name:		
	_		Producing Formation:		
☐ Oil ☐ WSW	SWD	SIOW	Elevation: Ground:	Kelly Bushing:	
☐ Gas ☐ D&A ☐ OG	☐ ENHR	☐ SIGW ☐ Temp. Abd.	Total Vertical Depth:	Plug Back Total Depth:	<u>. </u>
CM (Coal Bed Methane)	G3W	iemp. Abd.	Amount of Surface Pipe Set a	and Cemented at:	Feet
Cathodic Other (Core	Expl etc.)		Multiple Stage Cementing Co		
If Workover/Re-entry: Old Well Inf			If yes, show depth set:		Feet
Operator:			If Alternate II completion, cen		
Well Name:			feet depth to:		
Original Comp. Date:			loot dopar to:		
Deepening Re-perf.	_	NHR Conv. to SWD	B	D.	
☐ Plug Back	Conv. to GS		Drilling Fluid Management (Data must be collected from the		
Commingled	Permit #:		Chloride content:	ppm Fluid volume:	bbls
Dual Completion	Permit #:		Dewatering method used:		
SWD	Permit #:		Location of fluid disposal if ha	auled offsite:	
☐ ENHR	Permit #:		Operator Name:		
GSW	Permit #:		Operator Name:		
			Lease Name:		
Spud Date or Date Rea	iched TD	Completion Date or	QuarterSec		
Recompletion Date		Recompletion Date	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
Confidentiality Requested
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II Approved by: Date:

Page Two



Operator Name:				_ Lease l	Name: _			Well #:		
Sec Twp	S. R	East V	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres o surface test, along	sures, whether s with final chart(shut-in pre s). Attach	ssure reac extra shee	hed stati t if more	c level, hydrosta space is neede	itic pressures, bot d.	tom hole temp	erature, flui	d recovery,
Final Radioactivity Lo- files must be submitte						gs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital el	ectronic log
Drill Stem Tests Taker (Attach Additional S		Yes	No				on (Top), Depth ar			mple
Samples Sent to Geo	logical Survey	Yes	☐ No		Nam	e		Тор	Da	tum
Cores Taken Electric Log Run		☐ Yes ☐ Yes	☐ No ☐ No							
List All E. Logs Run:										
			CASING		☐ Ne					
	0: 11-1-	· ·				ermediate, product		// OI	T	d Damasat
Purpose of String	Size Hole Drilled	Size Cas Set (In O		Weig Lbs. /		Setting Depth	Type of Cement	# Sacks Used		d Percent itives
		AD	DITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Ce	ement	# Sacks	Used		Type and F	ercent Additives		
Perforate Protect Casing										
Plug Back TD Plug Off Zone										
Did you perform a hydrau	•					Yes	No (If No, ski	p questions 2 ar	nd 3)	
Does the volume of the to							= :	p question 3)	of the ACO	()
Was the hydraulic fractur	ing treatment information	on submitted to the	e chemicai d	isciosure re	gistry?	Yes	No (If No, fill	out Page Three	or the ACO-1	<i>)</i>
Shots Per Foot		ION RECORD - I Footage of Each I					cture, Shot, Cement mount and Kind of Ma		d	Depth
TUBING RECORD:	Size:	Set At:		Packer A	i:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or Ef	NHR. Prod	ducing Meth	ıod:		1				
			Flowing	Pumpin	g	Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er B	bls. (Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		M	METHOD OF	COMPLE	ETION:		PRODUCTION	ON INTERVA	
Vented Sold		Open		Perf.	Dually	Comp. Cor	mmingled			
	bmit ACO-18.)		(Specify)		(Submit)	ACO-5) (Sub	mit ACO-4)			



Oil & Gas Well Drilling Water Wells Geo-Loop Installation

Phone: 913-557-9083 Fax: 913-557-9084

Paola, KS 66071 Fax:

WELL LOG

Verde Oil Company Campbell #8-9 API #15-001-30,734 July 16- July 17, 2013

Thickness of Strata	Formation	<u>Total</u>
5	soil & clay	5
53	lime	58
5	shale	63
3	lime	66
17	shale	83
21	lime	104
2	shale	106
53	lime	159 base of the Kansas City, oil show
99	shale	258
6	lime	264
50	shale	314
4	lime	318
6	shale	324
5	lime	329
3	shale	332
2	lime	334
68	shale	402
1	lime	403
14	shale	417
3	lime	420
6	shale	426
11	lime	437
3	shale	440
5	lime	445
17	shale	462
1	lime	463
22	shale	485
15	lime	500
5	shale	505
1	coal	506
62	shale	568
5	lime	573
38	shale	611
1	lime	612
100	shale	712
11	shale	723 red
5	broken sand	728 brown sand & shale, good bleeding
8	sand	736 black
2	coal	738
2 2	silty shale	740

Campbell #8-9		Page 2
60	shale	800
5	broken sand	805 light brown & shale, no show
8	silty shale	813
4	broken sand	817 70% soft brown sand 30% shale, good bleeding
10	oil sand	827 soft brown sand, good bleeding
1	silty shale	828
5	broken sand	833 green shale & brown sand, ok bleeding
2	shale	835 black
2	silty shale	837
3	oil sand	840 brown, good bleeding
1	broken sand	841 shale & brown sand, good bleeding
3	oil sand	844 soft brown sand, good bleeding & black
0.5	coal	844.5
18.5	oil sand	863 grey & black, good show
1	coal	864
11	black sand	875
29	shale	904
1	coal	905
2	shale	907
3	lime	910 Mississippi TD

Drilled a 9 7/8" hole to 20.9' Drilled a 5 5/8" hole to 910'

Set 20.9' of 7" threaded and coupled surface casing, cemented with 6 sacks cement.

Set 909.10' of 2 7/8" 8 round upset tubing with 4 centralizers, 1 float shoe, 1 clamp, 1 baffle, 1 seating nipple



Ravin 3737

AUTHORIZTION

260717

LOCATION OXTONO KS

SALES TAX
ESTIMATED
TOTAL

20-431-9210 DATE	CUSTOMER#	CEME	MI			
- 10.5		WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	
7.18.13 CUSTOMER	8520 Cam	oball # 8-9	SEZT		NANGE	COUNT
Ver	d. 0:1 C-	,	d v d d d d d d d d d d d d d d d d d d	_ 26		AL
AILING ADDRE	0:1 Co.		TRUCK #	DRIVER	TRUCK#	
334	- 1		712	Fremad	TROCK#	DRIVE
ITY STA	STATE		368	AVINCA		+
Savonb		ZIP CODE	369	Dermas		-
		66772	548	MikHas		+
OB TYPE LO	7		н С.		1 7	1
ASING DEPTH_	908 DRILL PIP	E Boffle in TUBING @	898	CAUNTO SIZE &	WEIGHT 2 1/8	ENE
LURRY WEIGH	SLURRY V	OL WATER COLO		CEMENT	OTHER	1.
SPLACEMENT	- CONGI LACE	MENT PSI MIX PSI		DATE C. Co.	CASING_/O	+ Plug
MARKS:	Id crow need;	ng. Establish pur		RATE 4BPM		0
flush	· 10114 * PUMA	109 SKS 50/50		Lix + Puny	0 100# Cu	大
5#K0	1 Scallsk.	Cement to Surt	LOE MIX C	enent 2	70 Cel 5%	Salt
Disp	1		race, 1/US	h Duna.	+ lines c	loan
	1	7 7 03	o comer so	pplied)	to batt	10
C-1		20.7 1-0 000 60	SI. Ruelea.		cre to s	at
Float	- Value. She	in casing.	SI. Rielea	Pressi		et
Flood	- Value. She	Juc- Mitchell.	T. Relea.	p and Ma	du	*
E uaa	- Value. She	Jus - Mitchell, DESCRIPTION of	SI, Ruelea	p and Ma		TOTAL
E una ACCOUNT CODE 5401	as Energy Dev. QUANITY or UNITS	DESCRIPTION of	T. Relea.	p and Ma	du	TOTAL
Eura ACCOUNT CODE 5401 5406	QUANITY OF UNITS	DESCRIPTION OF PUMP CHARGE	T. Relea.	p DUCT	du	TOTAL
Eura Eura ACCOUNT CODE 5401 5406 5402	QUANITY OF UNITS 1 70 M:	DESCRIPTION OF PUMP CHARGE MILEAGE Casing Footoge	T. Relea.	Pression Proposed Pro	du	TOTAL /0 8 5 % 294 °
E 1101 ACCOUNT CODE 5401 5406 5402 5407	QUANITY OF UNITS 1 70 M: 708	DESCRIPTION of: PUMP CHARGE MILEAGE Casing Footoge Ton Miles	SERVICES or PROI	Pression Proposed Pro	du	TOTAL /0 85 % 294 °
E 1101 ACCOUNT CODE 5401 5406 5402 5407	QUANITY OF UNITS 1 70 M:	DESCRIPTION OF PUMP CHARGE MILEAGE Casing Footoge	SERVICES or PROI	Press	du	TOTAL 1085 % 294 % N/C 500 26
E 1101 ACCOUNT CODE 5401 5406 5402 5407	QUANITY OF UNITS 1 70 M: 708	DESCRIPTION of: PUMP CHARGE MILEAGE Casing Footoge Ton Miles	SERVICES or PROI	Press	du	TOTAL /0 85 % 294 °
E 401 S40 6 540 7 5502 C	QUANITY OF UNITS TO M: 708 354.795 22hrs	DESCRIPTION of: PUMP CHARGE MILEAGE Casing Footoge Ton Miles	SERVICES or PROI	Press	du	TOTAL 1085 % 294 % N/C 500 26
F1000 F101 5406 5406 5406 5406 5406	QUANITY OF UNITS 1 70 M: 708 354.795 22 hrs	DESCRIPTION of: PUMP CHARGE MILEAGE Casing Footoge Ton Miles 80 BBL Vac Tru	SERVICES OF PROI	Press	du	TOTAL /085 % 294 % N/C 500 26 225 %
E 401 S40 6 540 7 5502 C	QUANITY OF UNITS 1 70 M: 708 354.795 22 hrs	DESCRIPTION of: PUMP CHARGE MILEAGE Casing Footoge Ton Miles 80 BBL Vac Tru 50/50 Pormix (SERVICES OF PROI	Press	du	TOTAL /085 % 294 % N/C 500 26 225 %
F1000 F101 5406 5406 5406 5406 5406 1124 11188	QUANITY OF UNITS 1 70 M: 708 354.795 22 hrs	DESCRIPTION of: PUMP CHARGE MILEAGE Casing Footoge Ton Miles 80 BBL Vac Tru 50/50 Pormix (Premium Gel	SERVICES or PROI	Press	du	TOTAL /085 % 294 % N/C 500 26 225 %
FIGA ACCOUNT CODE 5406 5406 5406 5406 5406 1124 11188	QUANITY OF UNITS QUANITY OF UNITS 1 70 M: 708 354.795 22hrs 109 srs 284#	DESCRIPTION OF: PUMP CHARGE MILEAGE Casing Footoge Ton Miles 80 BBL Vac Tru 50/50 Pormix (Premium Gel Granulated S	SERVICES or PROI	Press	du	TOTAL 1085 % 294 % N/C 500 24 225 % 1253 5 6248 8225
F1000 F101 5406 5406 5406 5406 5406 1124 11188	QUANITY OF UNITS 1 70 M: 708 354.795 22 hrs	DESCRIPTION of: PUMP CHARGE MILEAGE Casing Footoge Ton Miles 80 BBL Vac Tru 50/50 Pormix (Premium Gel	SERVICES or PROI	Press	du	TOTAL 1085 % 294 % N/C 500 24 225 % 1253 5 6248 8225
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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.