



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1179777
OIL & GAS CONSERVATION DIVISION

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 # _____

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1179777

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

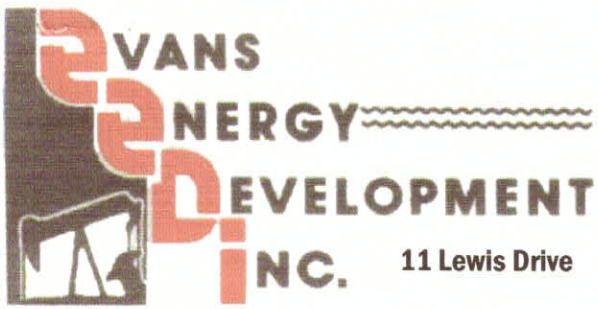
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____	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 #8-11

API #15-001-30,744

July 12- July 15, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
4	soil & clay	4
59	lime	63
4	shale	67
2	lime	69
16	shale	85
21	lime	106
3	shale	109
53	lime	162 base of the Kansas City
97	shale	259
4	lime	263
48	shale	311
1	lime	312
4	shale	316
2	lime	318
4	shale	322
10	lime	332
22	shale	354
2	lime	356
42	shale	398
9	lime	407
12	shale	419
2	lime	421
1	coal	422
3	shale	425
13	lime	438 brown, light show
3	shale	441
6	lime	447
4	shale	451
1	lime	452
36	shale	488
8	lime	496
7	lime	503 brown, oil show
10	shale	513
9	lime	522
48	shale	570
1	lime	571
42	shale	613
1	lime	614
47	shale	661

1	coal	662
57	shale	719
2	oil sand	721 brown & black, ok bleeding
4	broken sand	725 black & silty shale ok bleeding, gassy
1	shale	726
4	oil sand	730 brown good bleeding, few thin shale seams
4	broken sand	734 brown & shale, good bleeding
7	sand	741 black
1	coal	742
45	shale	787
1	oil sand	788 brown sand, ok bleeding
2	broken sand	790 brown & shale, ok bleeding
14	silty shale	804
11	broken sand	815 light brown & shale, minimal show
13	oil sand	828 soft brown sand, good bleeding, few thin shale seams
2	shale	830
1	broken sand	831 50% sand 50% shale, good bleeding
12	oil sand	843 soft brown sand, good bleeding
10	oil sand	853 brown & black, good bleeding
0.5	coal	853.5
1.5	oil sand	855
1	broken sand	856 black & shale, ok show
1	shale	857
3	silty shale	860
1	shale	861
4	black sand	865
1	shale	866
8	oil sand	874 black & grey, ok show
29	shale	903
1	coal	904
5	shale	909 Mississippi TD

Drilled a 9 7/8" hole to 22.4'

Drilled a 5 5/8" hole to 909'

Set 22.4' of 7" threaded and coupled surface casing, cemented with 6 sacks cement.

Set 882' of 2 7/8" 8 round upset tubing with 4 centralizers, 1 float shoe, 1 clamp, 1 baffle



CONSOLIDATED
Oil Well Services, LLC

260620

TICKET NUMBER 42172

LOCATION Ottawa KS

FOREMAN Fred Mader

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
7-16-13	8520	Campbell # 8-11	SW 29	26	20	AL

CUSTOMER
Verdy Oil Co.

MAILING ADDRESS
3345 Arizona Rd

CITY Savonburg STATE KS ZIP CODE 66772

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Mad		
495	Kei Car		
369	Der Mar		
510	Est Tuc		

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 909 CASING SIZE & WEIGHT 2 7/8 EUE

CASING DEPTH 8810 DRILL PIPE Baffle in TUBING @ 871 OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10' + Plug

DISPLACEMENT 5.06 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew meeting. Establish pump rate. Mix + Pump 100# Gel flush. Mix + Pump 108 sks 50/50 Premix Cement 2% Gel 5% salt 5# Kol Seal/sk. Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug - Customer Supplied. Latch down plug - to baffle. Pressure to 800# PSI. Release pressure to set float valve. Shut in casing.

Evans Energy Dev Inc - Mitchell.

Fred Mader

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	881	Casing footage		N/C
5407A	351.34	Ton Miles	510	495 ⁶⁷
5502C	2 1/2 hrs	80 BBL Vac Truck	369	225 ⁰⁰
1124	108 sks	50/50 Prem Mix Cement		1242 ⁰⁰
118B	282 [#]	Premium Gel		62 ⁰⁰
111	209 [#]	Granulated Salt		81 ⁵¹
110A	540 [#]	Kol Seal		248 ⁴⁶
			7.4%	SALES TAX
				ESTIMATED TOTAL
				120 ²⁶
				3854 ⁵³

completed

[Signature]

AUTHORIZATION _____ 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.