



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1182881  
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: \_\_\_\_\_

1182881

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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)*

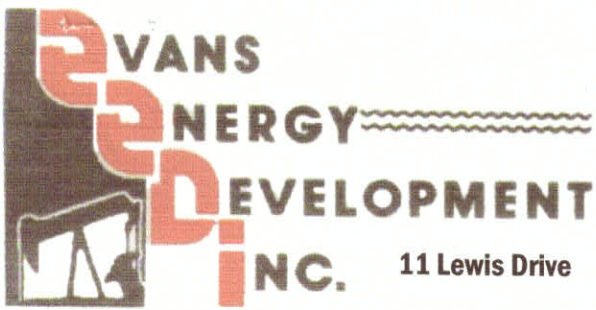
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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 <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**EVANS**  
**ENERGY**  
**DEVELOPMENT**  
**INC.**

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 #85-85  
 API #15-001-30,736  
 July 1 - July 2, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
5	soil & clay	5
28	lime	33
2	shale	35
23	lime	58
4	shale	62 black, making water
3	lime	65
19	shale	84
18	lime	102
2	shale	104
5	lime	109
4	shale	113
47	lime	155 base of the Kansas City
99	shale	254
5	lime	259
32	shale	291
1	lime	292
14	shale	306
1	lime	307
5	shale	312
16	lime	328
21	shale	349
4	lime	353
62	shale	415
2	lime	417
1	coal	418
5	shale	423
12	lime	435
3	shale	438
6	lime	444
28	shale	472
1	lime	473
12	shale	485
17	lime	502 brown, light oil show
8	shale	510
6	lime	516
8	shale	524
2	lime	526
35	shale	561

2	lime	563
21	shale	584
1	coal	585
19	shale	604
2	lime	606
1	coal	607
3	shale	610
1	coal	611
24	shale	635
1	coal	636
77	shale	713
7	silty shale	720
5	broken sand	725 brown & grey, light bleeding
2	silty shale	727
1	coal	728
37	shale	765
6	broken sand	771 shale & light brown sand, no oil
2	silty shale	773
4	broken sand	777 shale & light brown sand, no oil
4	shale	781
6	broken sand	787 shale & brown sand, no oil
1	oil sand	788 brown sand, light show
12	shale	800
2	silty shale	802 grey, good saturation & bleeding
6	oil sand	808 brown sand, good bleeding
4	broken sand	812 80% brown sand 20% shale, good bleeding
7	oil sand	819 brown sand, good bleeding
0.5	coal	819.5
2.5	oil sand	822 brown sand, good bleeding
2	broken sand	824 60% sand 40% shale, good bleeding
1	oil sand	825 brown sand, good bleeding
4	broken sand	829 60% brown sand 40% shale, good bleeding
9	oil sand	838 brown, good bleeding
10	oil sand	848 grey & black, good saturation & bleeding
1	broken sand	849 50% black oil sand 50% limey sand, good bleeding
17	oil sand	866 black oil sand, good bleeding & saturation
37	shale	903 Mississippi TD

Drilled a 9 7/8" hole to 22.5'  
 Drilled a 5 5/8" hole to 903'

Set 22.5' of 6 5/8" threaded and coupled surface casing, cemented with 6 sacks cement.

Set 901' of use 2 7/8" 8 round upset tubing including 4 centralizers, 1 float shoe, 1 baffle, 1 seating nipple, and 1 clamp.



**CONSOLIDATED**  
Oil Well Services, LLC

260237

TICKET NUMBER 42112

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
7-2-13	8520	Campbell # I. 85.85	SE 29	26	20	AK

CUSTOMER Verde Oil  
MAILING ADDRESS 3345 Arizona Rd  
CITY Sawenburg STATE KS ZIP CODE 66772

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Mad		
795	War Bec		
309	Der Mos		
515	Mer Rob		

JOB TYPE Long String HOLE SIZE 5 7/8 HOLE DEPTH 906 CASING SIZE & WEIGHT 2 7/8 EUE  
CASING DEPTH 901 DRILL PIPE Baffle in TUBING @ 885' OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 16' + 2 1/2" Plug  
DISPLACEMENT 5.14 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 BPM

REMARKS: Hold crew meeting. Establish pump rate. Mix + Pump 100\* Gel Flush  
Mix + Pump 98 sks 50/50 Poz Mix Cement 2% Gel 5% Salt 5\*  
Kol Seal/sk. Cement to surface. Flush pump + lines clean.  
Displace 2 1/2" Rubber plug to Baffle. Pressure to 800\* PSI  
Release pressure to set float valve. Shut in casing

Note: Customer supplied latchdown plug.

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 <sup>00</sup>
5406	—	MILEAGE	1	N/C
5402	901'	Casing footage		N/C
5407A	353.29	Ten Miles		498 <sup>14</sup>
5502C	3 hrs	80 BBL Vac Truck	369	270 <sup>00</sup>
1124	98 sks	50/50 Poz Mix Cement		1127 <sup>00</sup>
1118B	265*	Premium Gel		583 <sup>30</sup>
141	190*	Granulated Salt		74 <sup>10</sup>
1110A	490*	Kol Seal		225 <sup>40</sup>
4407	+	2 1/2" Rubber Plug		
			7.4%	SALES TAX
				ESTIMATED
				TOTAL
				109 <sup>87</sup>
				3447 <sup>81</sup>

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 for