



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1183128  
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: \_\_\_\_\_

1183128

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)*

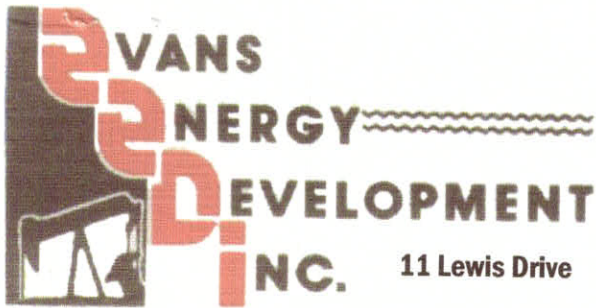
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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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 #9-8

API #15-001-30,868

November 8 - November 11, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
5	soil & clay	5
11	broken lime	16
38	lime	54
5	shale	59
3	lime	62
19	shale	81
27	lime	108
3	shale	111
41	lime	152 base of the Kansas City
101	shale	253
4	lime	257
32	shale	289
3	lime	292
17	shale	309
3	lime	312
3	shale	315
9	lime	324
22	shale	346
1	lime	347
66	shale	413
1	lime	414
1	coal	415
5	shale	420
12	lime	432
3	shale	435
6	lime	441
4	shale	445
1	lime	446
35	shale	481
6	lime	487
1	shale	488
12	lime	500 oil show
8	shale	508
5	lime	513
15	shale	528
1	lime	529
76	shale	605
1	lime	606
29	shale	635

1	coal	636
25	shale	661
4	broken sand	665 15% light brown, 85% grey sand, light bleeding
20	shale	685
1	coal	686
40	shale	726
1	coal	727
26	shale	753
2	sand	755 grey & black, no oil
34	shale	789
4	broken sand	793 light brown sand & shale, light bleeding
2	oil sand	795 brown sand, light bleeding
3	broken sand	798 brown sand & shale, light bleeding
2	broken sand	800 brown sand & shale, ok bleeding
14	silty shale	814
3	oil sand	817 soft brown sand, good bleeding
7	broken sand	824 75% brown sand 25% shale, good bleeding
15	oil sand	839 soft brown sand, good bleeding
6	oil sand	845 brown & grey sand, good bleeding
17	oil sand	862 grey & black sand, ok bleeding
1	coal	863
33	shale	896 Mississippi

Drilled a 9 7/8" hole to 22.8'

Drilled a 5 5/8" hole to 896'

Set 22.8' of 7" threaded and coupled surface casing, cemented with 6 sacks cement.

Set 883.55' of 2 7/8" 8 round upset tubing with 4 centralizers, 1 float shoe, 1 seating nipple, 1 clamp, 1 baffle



**CONSOLIDATED**  
Oil Well Services, LLC

263984

TICKET NUMBER 44817

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
11.12.13	8520	Campbell # 9-8	SE 29	26	20	AL
CUSTOMER			TRUCK #			
Verde Oil			DRIVER			
MAILING ADDRESS			TRUCK #			
3345 Arizona Rd			DRIVER			
CITY		STATE	ZIP CODE			
Savonburg		KS	66772			

JOB TYPE Long string HOLE SIZE \_\_\_\_\_ HOLE DEPTH 896 CASING SIZE & WEIGHT 2 7/8 EUE  
 CASING DEPTH 884 DRILL PIPE Buffington TUBING @ 874 OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 5.08 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix + Pump 100# Gel Flush. Mix + Pump sks 50/50 Poz Mix Cement 270 Gal. 5% Salt 5# Kal Seal/sk. Cement to surface. Flush pumps & lines clean. Displace Customer supplied 2 1/2" hatch down plug to baffle in casing. 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 <sup>00</sup>
5406	70 mi	MILEAGE	495	284 <sup>00</sup>
5402	884	Casing footage		N/C
5407A	387.345	Ton Miles	548	546 <sup>40</sup>
5502C	2 hrs	80 BBL Vac Truck	675	180 <sup>00</sup>
1124	119 sks	50/50 Poz Mix Cement		1368 <sup>50</sup>
1118B	300#	Premium Gel		66 <sup>00</sup>
1111	230#	Granulated Salt		89 <sup>20</sup>
1110A	595	Kal Seal		273 <sup>70</sup>
			7.4%	SALES TAX
				ESTIMATED TOTAL
				133 <sup>04</sup>
				4036 <sup>40</sup>

**completed**

Revin 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.