



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1183273
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: _____

1183273

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)*

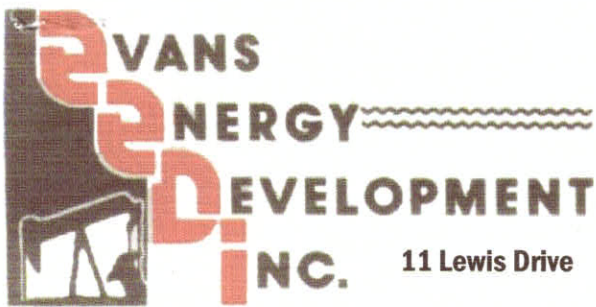
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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

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 <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 #I-9-9

API #15-001-30,865

November 11 - November 12, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
5	soil & clay	5
14	broken lime	19
40	lime	59
28	shale	87
48	lime	135
2	shale	137
21	lime	158 base of the Kansas City
103	shale	261
2	lime	263
32	shale	295
5	lime	300
10	shale	310
2	lime	312
3	shale	315
2	lime	317
3	shale	320
11	lime	331
21	shale	352
3	lime	355
64	shale	419
3	lime	422
1	coal	423
3	shale	426
12	lime	438
4	shale	442
5	lime	447
27	shale	474
1	lime	475
13	shale	488
16	lime	504
10	shale	514
4	lime	518
5	shale	523
1	coal	524
39	shale	563
1	lime	564
42	shale	606
1	lime	607
123	shale	730

1	coal	731
16	shale	747
2	sand	749 brown & grey, no oil
34	shale	783
14	broken sand	797 hard light brown sand & shale light bleeding
8	silty shale	805
4	broken sand	809 60% soft brown sand 40% shale
3	oil sand	812 soft brown sand, good bleeding
1	shale	813
12	oil sand	825 soft brown sand, good bleeding
0.5	coal	825.5
10.5	oil sand	836 soft brown sand, good bleeding
0.5	coal	836.5
4.5	oil sand	841 brown sand, good bleeding
7	oil sand	848 brown & grey, good bleeding
23	oil sand	871 black & grey, ok bleeding
1	shale	872
1	coal	873
28	shale	901 Mississippi

Drilled a 9 7/8" hole to 22.5'

Drilled a 5 5/8" hole to 901'

Set 22.5' of 7" threaded and coupled surface casing, cemented with 6 sacks cement.

Set 892' of 2 7/8" 8 round upset tubing with 4 centralizers, 1 float shoe, 1 clamp, 1 baffle



CONSOLIDATED
Oil Well Services, LLC

263985

TICKET NUMBER 44818

LOCATION Oxtawa 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 # I - 9-9	SE 29	26	20	AL
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Verde Oil			712	Frc Mad		
MAILING ADDRESS			495	Har Bec		
3345 Arizona Rd			675	Kel Det		
CITY	STATE	ZIP CODE	548	Mik Haa		
Savonburg	KS	66772				

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 901' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 892' DRILL PIPE Baffle in TUBING @ 882' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 53PM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix + Pump 100# Gel Flush. Mix + Pump 119 sks 50/50 Poz Mix Cement. 270 Gel 5% Salt 5# Kol Seal/sk. Cement to surface. Flush pump + lines clean. Displace customer supplied 2 1/2" Latch 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 ⁰⁰
5406	-	MILEAGE		N/C
5402	892	Casing footage		N/C
5407A	387.345	Ton Miles	548	546 ¹⁶
5502C	2 hrs	80 BBLs Vac Truck	675	180 ⁰⁰
1124	119 sks	50/50 Poz Mix Cement		1368 ⁵⁰
1118B	300#	Premium Gel		66 ⁰⁰
111	230#	Granulated Salt		89 ²⁰
1110A	595#	Kol Seal		273 ²⁰
			7.4%	SALES TAX
				133 ⁹⁴
				ESTIMATED TOTAL
				3742 ¹⁰

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.