



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1183408
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
-----------------------------------	-----------------	---

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: _____

1183408

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)*

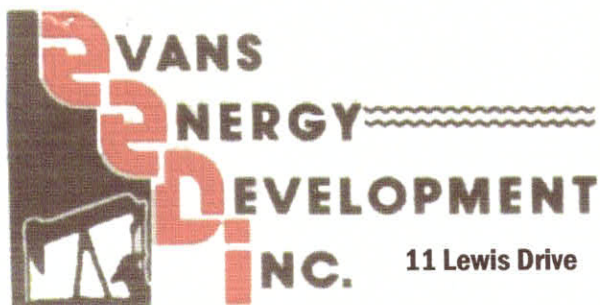
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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: _____ _____
--	---	---



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 #9-10

API #15-001-30,870

November 14 - November 15, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
7	soil & clay	7
8	broken lime	15
49	lime	64
3	shale	67
3	lime	70
17	shale	87
29	lime	116
2	shale	118
23	lime	141
2	shale	143
20	lime	163 base of the Kansas City
103	shale	266
2	lime	268
32	shale	300
2	lime	302
18	shale	320
1	lime	321
4	shale	325
8	lime	333
22	shale	355
3	lime	358
64	shale	422
2	lime	424
4	shale	428
14	lime	442
4	shale	446
5	lime	451
41	shale	492
16	lime	508 oil show
1	shale	509
1	lime	510
2	shale	512
10	lime	522
87	shale	609
1	lime	610
4	shale	614
1	coal	615
103	shale	718
2	broken sand	720 black sand & shale light bleeding

5	oil sand	725	hard brown sand good bleeding (gassy)
3	broken sand	728	brown sand & shale ok bleeding (gassy)
6	oil sand	734	black & brown good bleeding
2	silty shale	736	
1	coal	737	
44	shale	781	
2	broken sand	783	brown sand & shale light bleeding
9	broken sand	792	light brown sand & shale no show
14	silty shale	806	
8	broken sand	814	brown sand & shale no show
2	shale	816	
5	broken sand	821	80% soft brown sand 20% shale good bleeding
5	oil sand	826	soft brown sand, good bleeding
2	broken sand	828	40% soft brown sand 60% shale good bleeding
17	oil sand	845	soft brown sand, good bleeding
6	oil sand	851	brown & grey good bleeding
3	broken sand	854	brown & grey sand & shale ok bleeding
23	oil sand	877	black & grey sand ok bleeding good saturation
1	coal	878	
24	shale	902	
1	coal	903	
8	shale	911	Mississippi

Drilled a 9 7/8" hole to 22.5'

Drilled a 5 5/8" hole to 911'

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

Set 902.5' of 2 7/8" 8 round upset tubing with 4 centralizers, 1 float shoe, 1 clamp, 1 baffle, 1 seating nipple



CONSOLIDATED
Oil Well Services, LLC

264058

TICKET NUMBER 44848

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
4-15-13	8520	Campbell # 9-10	SE 33	26	22	AL
CUSTOMER Verde Oil						
MAILING ADDRESS 3345 Arizona Rd						
CITY Savonburg		STATE KS	ZIP CODE			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			212	Fie Mad		
			495	Har Boc		
			675	Kid Det		
			510	Set Tuc		

JOB TYPE long string HOLE SIZE 5 1/8 HOLE DEPTH 911 CASING SIZE & WEIGHT 2 1/8 EUE
 CASING DEPTH 902 DRILL PIPE Baffle in TUBING @ 892 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10' + Plug
 DISPLACEMENT 5.19 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix + Pump 100# Gel Flush. Mix + Pump 122 sks 50/50 Por Mix Cement 270 Gel 5% Salt 5# Kol Seal/sk. Cement to surface. Flush pump + lines clean. Displace Customers 2 1/2" hatch down plug to baffle incasing. Pressure to 800# PSI. Release pressure to set float valve. Shut in casing

Evans Energy Dev. Inc.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	70mi	MILEAGE	495	294 ⁰⁰
5402	902	Casing footage		NIC
5407	397.11	Ton Miles	510	559 ⁹³
5502C	3 hrs	80 BBL Vac Truck	675	270 ⁰⁰
1124	122 sks	50/50 Por Mix Cement		1403 ⁰⁰
1118B	305#	Premium Gel		67 ⁹⁰
1118	236#	Granulated Salt		92 ⁰⁴
1110A	610#	Kol Seal		250 ⁶⁰
			7.4%	SALES TAX
				ESTIMATED TOTAL
				136 ³⁶
				4188 ⁰³

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.