

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1207502

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 #			API No. 15	
Name:			Spot Description:	
Address 1:			Sec	TwpS. R
Address 2:			Feet	from $\ \square$ North / $\ \square$ South Line of Section
City: St	ate: Ziŗ	D:+	Feet	from East / West Line of Section
Contact Person:			Footages Calculated from Ne	arest Outside Section Corner:
Phone: ()			□ NE □ NW	□ SE □ SW
CONTRACTOR: License #			GPS Location: Lat:	, Long:
Name:				. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27 NAD27	
Purchaser:			County:	
Designate Type of Completion:			Lease Name:	Well #:
New Well Re-	·Fntrv	Workover	Field Name:	
	_		Producing Formation:	
☐ Oil ☐ WSW	SWD	SIOW	Elevation: Ground:	Kelly Bushing:
☐ Gas ☐ D&A ☐ OG	☐ ENHR	☐ SIGW ☐ Temp. Abd.	Total Vertical Depth:	Plug Back Total Depth:
CM (Coal Bed Methane)	G3W	Temp. Abd.	Amount of Surface Pipe Set a	and Cemented at: Feet
Cathodic Other (Core	Expl etc.)		Multiple Stage Cementing Co	
If Workover/Re-entry: Old Well Inf				Feet
Operator:				nent circulated from:
Well Name:			, ,	w/sx cmt.
Original Comp. Date:			loot doparto.	U/ U/_
	_	NHR Conv. to SWD		
Deepening Re-perf. Plug Back	Conv. to GS		Drilling Fluid Management F (Data must be collected from the	
Commingled	Permit #:		Chloride content:	ppm Fluid volume: bbls
Dual Completion	Permit #:		Dewatering method used:	
SWD	Permit #:		Location of fluid disposal if ha	uled offsite:
☐ ENHR	Permit #:		On and an Name	
GSW	Permit #:			
				License #:
Spud Date or Date Rea	iched TD	Completion Date or		TwpS. R
Recompletion Date		Recompletion Date	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.

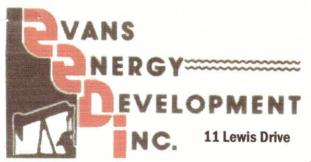
Submitted Electronically

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:					

Page Two



Operator Name:				_ Lease N	lame: _			Well #:		
Sec Twp	S. R	East	West	County:						
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ing and shut-in pressu	ires, whe	ther shut-in pre	ssure reach	ned stati	c level, hydrostat	tic pressures, bott			
Final Radioactivity Log files must be submitte						gs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital el	ectronic log
Drill Stem Tests Taken (Attach Additional S		Ye	es No		L		n (Top), Depth an			mple
Samples Sent to Geol	ogical Survey	_ Ye	es No		Nam	е		Тор	Da	tum
Cores Taken Electric Log Run		Y€								
List All E. Logs Run:										
			CASING		Ne					
				onductor, su	rface, inte	rmediate, producti			T	
Purpose of String	Size Hole Drilled		e Casing (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used		d Percent itives
			ADDITIONAL	CEMENTIN	IG / SQL	EEZE RECORD				
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks Used Type and Percent Additives						
Perforate Protect Casing	Jop Zollow									
Plug Back TD Plug Off Zone										
1 ag on zono										
Did you perform a hydrau	ılic fracturing treatment o	n this well?	•			Yes	No (If No, ski	o questions 2 ar	nd 3)	
	otal base fluid of the hydra		J	,	0		_ , , ,	p question 3)		
Was the hydraulic fractur	ing treatment information	submitted	to the chemical o	disclosure reç	gistry?	Yes	No (If No, fill	out Page Three	of the ACO-1	<i>)</i>
Shots Per Foot			D - Bridge Plug Each Interval Perf				cture, Shot, Cement		d	Depth
	. ,					,		,		
TUBING RECORD:	Size:	Set At:		Packer At	:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or ENH	IR.	Producing Meth Flowing	od: Pumping	e 🗆	Gas Lift O	ther <i>(Explain)</i>			
Estimated Production Per 24 Hours	Oil B	bls.	Gas	Mcf	Wate	er Bt	ols. G	as-Oil Ratio		Gravity
DISDOSITIO	ON OF GAS:			1ETHOD OF	COMPLE	TION		PRODUCTIO	N INTEDVA	
Vented Sold			Open Hole	Perf.	Dually	Comp. Com	nmingled	THODOGHC	ZIA IIA I ELIAN	
(If vented, Sub			Other (Specify)		(Submit)	ACO-5) (Subr	mit ACO-4)			



Oil & Gas Well Drilling Water Wells Geo-Loop Installation

Phone: 913-557-9083 Fax: 913-557-9084

Paola, KS 66071

WELL LOG

Verde Oil Company E. Davidson #I-3 API #15-207-28,780

December 16 - December 17, 2013

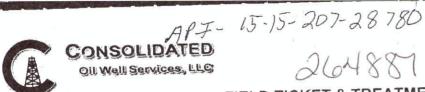
Thickness of Strata	Formation	Total
8	soil & clay	8
13	sand & clay	21 making water
71	shale	92
11	lime	103
1	shale	104
1	lime	105
4	shale	109
22	lime	131
2	shale	133
23	lime	156
22	shale	178
131	lime	309
9	shale	318
16	lime	334
2	shale	336
48	lime	384
20	shale	404
2	lime	406
30	shale	436
75	lime	511 making water
5	shale	516
25	lime	541
3	shale	544
6	lime	550
2	shale	552
18	lime	570 base of the Kansas City
158	shale	728
5	lime	733
23	shale	756
12	lime	768
6	shale	774
10	sand	784 green, no show
20	shale	804
1	lime	805
27	shale	832
4	lime	836
6	shale	842
14	lime	856
7	shale	863
1	lime	864
16	shale	880

E. Davidson #I-3		Page 2
8	lime	888
3	shale	891
10	lime	901
7	shale	908
2	lime	910
5	shale	915
4	silty shale	919 green
1	broken sand	920 60% black sand 40% shale ok bleeding
2	oil sand	922 black sand ok bleeding
7	silty shale	929
29	shale	958
2	lime & shells	960 80% brown sand 20% shale ok bleeding
14	oil sand	974 brown sand good bleeding
2	broken sand	976 70% black sand 30% shale ok show
3	black sand	979 light show
2	grey sand	981
3	silty shale	984
41	shale	1025
1	lime	1026
11	shale	1037
7	sand	1044 grey & white no show
11	shale	1055 TD

Drilled a 9 7/8" hole to 44.7' Drilled a 5 5/8" hole to 1055'

Set 44.7' of 7" threaded and coupled surface casing, cemented with 10 sacks cement.

Set 1047.85' of 2 7/8" 8 round upset tubing with 4 centralizers, 1 float shoe, 1 clamp, 1 seating nipple, 1 baffle



TICKET NUMBE	R 44951
LOCATION Do	Haus
FOREMAN AL	an Made

TOTAL

DATE

Ravin 3737

AS)		-	ELD TICKE	T & TRFA	TMENT REF	PORT		
O Box 884, Chan	ute, KS 66720) [ELD HCKE	CEMEN				
20-431-9210 or 8		10/	ELL NAME & NUM		SECTION	TOWNSHIP	RANGE	COUNTY
	USTOMER#		Davidson	7.3	SE 6	25	16	100
10 1	8520	Earl L	1003000	1			a v maskin	
USTOMER	01				TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS	, ,	0 /	1		7.30	Ala Mad	Safety	Meet
3345 B	Ari2000	, Rd	/		368	Ans MET		
SITY /	1777	STATE	ZIP CODE		369	Der Mas		
Savenbur		KI	66772		548	Mikling 1	0.37	
		HOLE SIZE_	5718	HOLE DEP	TH	CASING SIZE & WE	EIGHT_2	- 85-1
OB TYPE 101)	DRILL PIPE		_TUBING				7.85 60
Acileo DZ.	Contract of the second	SLURRY VO	DL	WATER ga		CEMENT LEFT in C	ASING 1/2	
SLURRY WEIGHT_		DISPLACEN		MIX PSI	200	RATE 4 60-	n	
DISPLACEMENT	10	tine	Ests b	1 - 1		Lowa ca	15 1'ns.	
REMARKS: He	ra net	200	100 th 0	el f	21000 ea	e by 135		50 (50)
Mixed	to him	2000	Toreel	500 5	G1X, 5#	150/5 egl	per c	ack.
Clinen	1 pic	25 a	1000	Elas	hed p	ump Pu	meed	
Circul	lated -	cem	07	100	a haff	Te. 1001	11 hei	'd
EUSTON	ners lo	ck di	own fl	1100	sure,			
800	PSL.	ARLE	CASTOL-	po COL	900		-	
							1.	1
			Mit	1 -1/	** *	10	Mas	list:
Er	ang Fr	18/54	101110	hell	1	Alm	V	3
					of SERVICES or	PRODUCT	UNIT PRICE	TOTAL
CODE	QUANITY	or UNITS		DESCRIPTION	V OF SERVICES OF			1085-00
5401	1		PUMP CHA	RGE	- 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12	368		1080-
51101			MILEAGE		*	368		
3406	1 10 11	7.85	Cas	101 7	ootage_	368		
340d	107	1.00	40	10-14	1	548		36800
5407	MI	7	100	1200	5	369		18000
55026			-1-00	046				
					1			1552.50
1124	13	5		10 ce	ment_			71.94
1118B	36	774:	SP					
1110	21	14	591	/-				101.79
1111	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	7.5#		5eg (310,50
11104		1.) -	1					
1								
						120		
							IMNIotor	1
						-	mhielef	
							SALES TAX	× 145.6
							ESTIMATE	

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

TITLE