Confidentiality Requested: Yes No

Recompletion Date

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1207507

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:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
Oil WSW SWD SIOW	Elevation: Ground: Kelly Bushing:
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #: SWD Permit #:	
SWD Permit # ENHR Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West

County:

AFFIDAVIT

Recompletion Date

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:

Permit #:_

	Page Two	1207507
Operator Name:	_ Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTRUCTIONS: Chause important tang of formations paratrated	atail all aaraa Bapart all final	apping of drill stome tools giving interval tooled, time tool

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 (Attach Additional She	eets)	Yes No		-	on (Top), Depth an		Sample
Samples Sent to Geolog	jical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING	RECORD Ne	w Used			
		Report all strings set-	conductor, surface, inte	ermediate, product	ion, 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 / SQU	JEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Protect Casing							

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	I base fluid of the hyd	Iraulic fracturing treatment ex	ceed 350,000 gallons?	Yes	No	(If No, skip question 3)
Was the hydraulic fracturing	treatment informatio	n submitted to the chemical of	disclosure registry?	Yes	No	(If No, fill out Page Three of the ACO-1)

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?

Shots Per Foot		PERFORATION Specify Fo		RD - Bridge I Each Interval		e			ement Squeeze Record d of Material Used)	Depth
TUBING RECORD:	Si	ze:	Set At:		Packer	r At:	Liner F	Run:	No	
Date of First, Resumed	l Product	ion, SWD or ENH	۲.	Producing I		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wat	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSIT	ION OF (GAS:			METHOD	OF COMPLE	ETION:		PRODUCTION INTER	RVAL:
Vented Sol	d 🗌	Used on Lease		Open Hole	Perf.		Comp.			
(If vented, Su	ıbmit ACC	D-18.)		Other (Specify	<i>י</i>)	(Submit .	ACU-5)	(Submit 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-4 API #15-207-28,781 December 10 - December 11, 2013

Thickness of Strata	Formation	Total
11	soil & clay	11
9	sand & clay	20
80	shale	100
9	lime	109
2	shale	111
25	lime	136
2	shale	138
27	lime	165
17	shale	182
4	lime	186
3	shale	189
126	lime	315
9	shale	324
22	lime	346
2	shale	348
35	lime	383
63	shale	446
29	lime	475
3	shale	478
50	lime	528
5	shale	533
14	lime	547
3	shale	550
27	lime	577 base of the Kansas City
154	shale	731
4	lime	735
22	shale	757
11	lime	768
13	shale	781
7	sand	788 green hard sand, light oil show
16	shale	804
2	lime	806
26	shale	832
4	lime	836
5	shale	841
16	lime	857
5	shale	862
4	lime	866
16	shale	882
23	lime	905

E. Davidson #I-4

and 80% shale light bleeding
good bleeding great saturation
5
k sand good bleeding
sand
shale light show
3

Page 2

Drilled a 9 7/8" hole to 45' Drilled a 5 5/8" hole to 1055'

Set 45' of 7" threaded and coupled surface casing, cemented with 10 sacks cement.

Set 1048.25' of 2 7/8" 8 round upset tubing with 4 centralizers, 1 float shoe, 1 clamp, 1 seating nipple, 1 baffle

Consolidated Oil

20002/0003

45192

TICKET NUMBER_

LOCATION Eureka, KS

FOREMAN David Gardner

-	CONSOLIDATED
	Oli Wall Services, LLC

264711

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

620-431-9210	or 800-467-8678)		CEMEN	T	AP1 15-	15-207-2	8781
DATE	CUSTOMER #	WELL	NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
12-11-13	8520	Earl	Davidson	# I-4	6	25	16E	Woodson
CUSTOMER					经在外国会社会 中国	A Storage and the second	Contraction in the second	
V.	erde Oil				TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRE	ESS				57	Gary -	Chris B.	
3345	Arizona	Rd.			667	Zevi A.		
CITY		STATE	ZIP CODE		637	Fim M.		
Savan	burg	KS	66772					
JOB TYPE 4/	5 0	HOLE SIZE	5 7/8"	HOLE DEPTH	1055'	CASING SIZE & W	EIGHT	- Patrice
CASING DEPTH	1048'	DRILL PIPE		TUBING 2	7/8"		OTHER	
SLURRY WEIGH	T_13.84/99/	SLURRY VOL	42 Bbl	WATER gal/sl	<u> </u>	CEMENT LEFT in		-
DISPLACEMENT	6.5 Bb1	DISPLACEMENT	PSI 300	Ping Plug	800 PS1	RATE / BPM		
REMARKS: Se	fety Meetin	ng, Rig up	to 27/2"-	Tubing. Po	AMP 5B61	Fresh water	mix 20	ot Gel
Flush. (Br	oke circulation	m 13 Bb1 :	nto). 5 Bl	b) water	spacer. M	ixed 160 sk	50/50 H	ozmix
Cement 4	N/ 5" Kol-s	eal/sk, 2%	6 Gel, 5%	o Salt, 4	1/4 # Phenos	eal/sk @ 13.	8#/gal. 54	ut down.
Washout	pump & line	s. Stuff L	atch down	1 Plug. (P	rovided by a	ustomer). D	isplace w	16.5 B61
Fresh was	ter, Final	Dumping pr	essure of	300 PS1.	Bymp Plug	to 800 PS/	Released	1 pressure
Plug held.	Shut we	11 in. 6000	1 circular	tion @ a	11 times.	7 Bb1 cem	ent slurry	to pit.
Job com	plete, Rig.	down.				24	,	/
	5						and the second se	

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	35	MILEAGE	4,20	147.00
1124	160 SKS	50/50 Pozmix Cement w/ No Additives	11.50	1840.00
111019	800#	Kol-seal @ 5#/sk	.46	368.00
1188	250#	Gel @ 2%	,22	55.00
111	400 #	Granulated Salt @ 5%	, 39	156,00
107 A	40#	Phenoseal @ 1/4 /sk	1,35	54.00
5407	6.72 Tons	Ton Mileage Bulk Truck	m/c	368.00
118B	200#	Gel Flush	,22	44.00
5502C	3 HBS.	80 Bbi Vac Truck	90.00	270.00
123	3360 Gals	City Water Complete	17.30/1000	58.13
			Subtotal	4445.13
0707		"Thank You" 7.15%	SALES TAX	184.12
3737		/	ESTIMATED TOTAL	4629.25

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