



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1207518  
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: \_\_\_\_\_

1207518

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)*

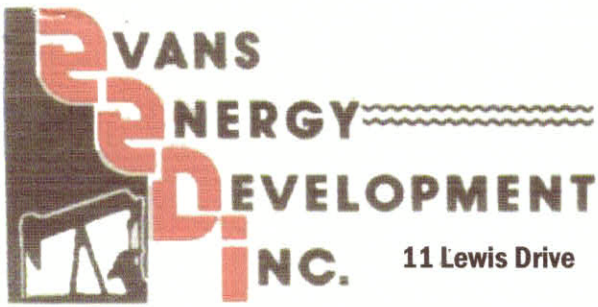
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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

E. Davidson #I-5

API #15-207-28,782

December 5 - December 9, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
5	soil & clay	5
17	sand & clay	22
75	shale	97
9	lime	106
3	shale	109
21	lime	130
4	shale	134
28	lime	162
25	shale	187
120	lime	307 Lansing lime
4	shale	311
2	lime	313
10	shale	323
59	lime	382
2	shale	384
1	lime	385
36	shale	421
1	lime	422
19	shale	441
3	lime	444
1	shale	445
66	lime	511
6	shale	517
28	lime	545
3	shale	548
5	lime	553
3	shale	556
9	lime	565
2	shale	567
7	lime	574 base of the Kansas City
25	shale	599
10	broken sand	609 green sand & shale
123	shale	732
7	lime	739
18	shale	757
10	lime	767
38	shale	805
1	lime	806

25	shale	831
4	lime	835
6	shale	841
19	lime	860
3	shale	863
3	lime	866
17	shale	883
9	lime	892
4	shale	896
8	lime	904
6	shale	910
2	lime	912
8	shale	920
3	silty shale	923 green
2	broken sand	925 25% sand 75% shale, light bleeding
1	broken sand	926 90% sand 10% shale, good bleeding
7	oil sand	933 brown sand, good bleeding
4	silty shale	937
21	shale	958
1	lime & shells	959
2	shale	961
2	lime & shells	963
3	broken sand	966 60% brown sand 40% shale, good bleeding
5	oil sand	971 brown sand, good bleeding
4	broken sand	975 40% dark brown sand 60% shale, good bleeding
5	black sand	980 ok oil show
10	grey sand	990 no show
45	shale	1035
11	sand	1046 grey & white, no oil
9	shale	1055 TD

Drilled a 9 7/8" hole to 44.2'

Drilled a 5 5/8" hole to 1055'

Set 44.2' of 7" threaded and coupled surface casing, cemented with 10 sacks cement.

Set 1049' of 2 7/8" 8 round upset tubing with 4 centralizers, 1 float shoe, 1 clamp, 1 seating nipple, 1 baffle



**CONSOLIDATED**  
Oil Well Services, LLC

264675

TICKET NUMBER 45189

LOCATION Eureka, KS

FOREMAN David Gardner

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

API # 15-207-28782

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-9-13	8520	Earl Davidson I-5	6	25	16E	Woodson
CUSTOMER			TRUCK #			
Verde Oil			DRIVER			
MAILING ADDRESS			TRUCK #			
3345 Arizona Rd.			DRIVER			
CITY		STATE	ZIP CODE			
Saranburg		KS	66772			
JOB TYPE <u>4/s</u> <u>0</u>			HOLE SIZE <u>5 7/8"</u>	HOLE DEPTH <u>1055'</u>	CASING SIZE & WEIGHT _____	
CASING DEPTH <u>1049'</u>			DRILL PIPE _____	TUBING <u>2 7/8"</u>	OTHER _____	
SLURRY WEIGHT <u>13.8#/gal</u>			SLURRY VOL <u>40 Bbl</u>	WATER gal/sk <u>6</u>	CEMENT LEFT IN CASING <u>0</u>	
DISPLACEMENT <u>6.1 Bbl</u>			DISPLACEMENT PSI <u>450</u>	<u>Bump</u> <u>MIX-EST</u> Plug <u>1050 PSI</u>	RATE <u>1 BPM</u>	

REMARKS: Safety Meeting. Rig up to 2 7/8" Tubing. Pump 5 Bbl Fresh water. Mix 200# Gel Flush. (Broke circulation 12 Bbl into). 5 Bbl water spacer. Mixed 160 sks 50/50 Pozmix Cement w/ 5# Kol-seal/sk, 2% Gel, 5% Salt, + 1/4# Phenoseal/sk @ 13.8#/gal. Shut down, washout pump & lines. Stuff Latch down plug (Provided by customer). Displace w/ 6.1 Bbl Fresh water. Final pumping pressure of 450 PSI. Bump Plug to 1050 PSI. Released pressure. Plug Held. Shut well in. Good circulation @ all times. 7 Bbl cement slurry to pit. Job complete. Rig down.

ACCOUNT CODE	QUANTITY 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 ✓
1110A	800#	Kol-seal @ 5#/sk	.46	368.00 ✓
1118B	300#	Gel @ 2%	.22	66.00 ✓
1111	400#	Granulated Salt @ 5%	.39	156.00 ✓
1107A	40#	Phenoseal @ 1/4#/sk	1.35	54.00 ✓
5407	6.72 Tons	Ton Mileage Bulk Truck	M/c	368.00 ✓
1123	4620 Gals	City Water	17.30/1000	79.93 ✓
5501C	3 HRS.	Water Transport	120.00	360.00 ✓
1118B	200#	Gel Flush	.22	44.00 ✓
			Subtotal	45167.93 ✓
			"Thank You" 7.15 %	SALES TAX 186.47 ✓
			ESTIMATED TOTAL	4754.40 ✓

SCANNED

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