



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1207864
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: _____

1207864

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)*

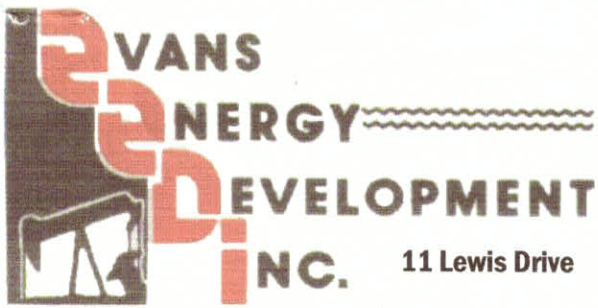
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____						
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> <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

E. Davidson #1-9

API #15-207-28,786

November 29 - December 2, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
20	soil & clay	20
87	shale	107
36	lime	143
3	shale	146
18	lime	164
24	shale	188
126	lime	314
6	shale	320
4	lime	324
9	shale	333
17	lime	350
5	shale	355
8	lime	363
5	shale	368
22	lime	390
1	shale	391
1	lime	392
28	shale	420
1	lime	421
34	shale	455
14	lime	469
2	shale	471
10	lime	481
4	shale	485
28	lime	513
4	shale	517
3	lime	520
5	shale	525
2	lime	527
7	shale	534
16	lime	550
4	shale	554
23	lime	577 base of the Kansas City
26	shale	603
11	broken sand	614 hard green sand & shale
51	silty shale	665
12	broken sand	677 green sand & shale
58	shale	735
12	lime	747

3	shale	750
2	lime	752
11	shale	763
9	lime	772
40	shale	812
3	lime	815
21	shale	836
3	lime	839
5	shale	844
7	lime	851
4	shale	855
7	lime	862
4	shale	866
4	lime	870
15	shale	885
10	lime	895
6	shale	901
6	lime	907
10	shale	917
2	silty shale	919
3	oil sand	922 brown sand, good bleeding (gassy)
1	broken sand	913 70% sand 30% shale, ok bleeding (gassy)
7	oil sand	930 brown sand, good bleeding few thin shale seams, (gassy)
2	broken sand	932 50% sand 50% shale, ok bleeding
2	silty shale	934
28	shale	962
2	lime & shells	964
2	silty shale	966
1	lime & shells	967
3	broken sand	970 brown & black ok bleeding
1	shale	971
3	broken sand	974 dark brown sand & shale ok bleeding
5	oil sand	979 black sand ok bleeding few thin shale seam
5	black sand	984 minimal show
6	silty shale	990
56	shale	1046
4	sand	1050 white, no oil
5	shale	1055 TD

Drilled a 9 7/8" hole to 44.5'
 Drilled a 5 5/8" hole to 1055'

Set 44.5' of 7" threaded and coupled surface casing, cemented with 10 sacks cement.

Set 1052.5' 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

264544

TICKET NUMBER 44895

LOCATION Ottawa, KS

FOREMAN Casey Kennedy

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
12/3/13	8520	Earl Davidson # I-9	SE 6	25	16	W0
CUSTOMER <u>Verde Oil</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>3345 Arizona Rd</u>			<u>729</u>	<u>Carlen</u>	<input checked="" type="checkbox"/>	<u>Safety Meeting</u>
CITY <u>Savonburg</u>			<u>666</u>	<u>Gar Moo</u>	<input checked="" type="checkbox"/>	
STATE <u>KS</u>			<u>518</u>	<u>Dan Det</u>	<input checked="" type="checkbox"/>	
ZIP CODE <u>66772</u>			<u>370</u>	<u>Kei Car</u>	<input checked="" type="checkbox"/>	
JOB TYPE <u>logstring</u>	HOLE SIZE <u>5 5/8"</u>	HOLE DEPTH <u>1055'</u>	CASING SIZE & WEIGHT <u>2 7/8" EUE</u>			
CASING DEPTH <u>1052'</u>	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
DISPLACEMENT <u>6.09 bbls</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>4.5 bpm</u>			

REMARKS: held safety meeting, established circulation, mixed + pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed + pumped 151 sks 50/50 Pozmix cement w/ 220 gal, 5% salt, + 5 # Kalseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 6.09 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

Handwritten signature

Customer Supplied plugs

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	40 mi	MILEAGE		168.00
5402	1052'	casing footage		
5407A	280.860	ton mileage		396.01
5502C	2.5 hrs	80 Vac		225.00
1124	151 sks	50/50 Pozmix cement		1736.50
1118B	454 #	Premium Gel		99.88
1111	292 #	Salt		113.88
1110A	755 #	Kalseal		347.30
			7.15%	SALES TAX
				ESTIMATED TOTAL
				164.27
				4335.84

completed

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