



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1207970
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: _____

1207970

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)*

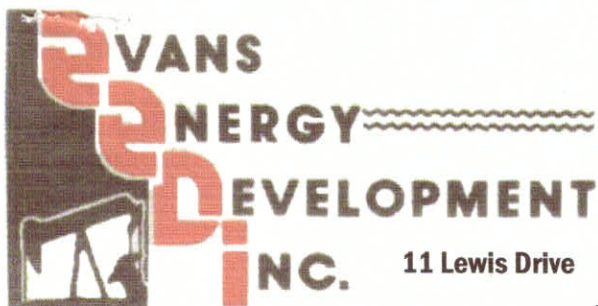
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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

E. Davidson #1-10

API #15-207-28,787

December 2 - December 3, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
3	soil & clay	3
17	clay	20 wet sandy clay
95	shale	115
21	lime	136
4	shale	140
9	lime	149
4	shale	153
24	lime	177
15	shale	192
127	lime	319 lansing lime
4	shale	323
7	lime	330
12	shale	342
17	lime	359
4	shale	363
8	lime	371
4	shale	375
16	lime	391
2	shale	393
2	lime	395
29	shale	424
1	lime	425
13	shale	438
2	lime	440
22	shale	462
37	lime	499
3	shale	502
19	lime	521
6	shale	527
4	lime	531
3	shale	534
20	lime	554
3	shale	557
6	lime	563
2	shale	565
10	lime	575 making water
3	shale	578
7	lime	585 base of the Kansas City
21	shale	606
14	broken sand	620 65% shale 35% green sand, no odor

120	shale	740
7	lime	747
7	shale	754
3	lime	757
8	shale	765
9	lime	774
15	shale	789
1	lime	790
48	shale	838
4	lime	842
1	coal	843
4	shale	847
9	lime	856
5	shale	861
2	lime	863
7	shale	870
4	lime	874
16	shale	890
4	lime	894
4	shale	898
2	lime	900
4	shale	904
7	lime	911
12	shale	923
1	silty shale	924 green
1	broken sand	925 brown sand & green shale ok bleeding gassy
6	oil sand	931 brown sand, good bleeding (gassy)
3	silty shale	934
3	broken sand	937 30% brown sand 70% shale light bleeding
1	silty shale	938
2	oil sand	940 brown sand ok bleeding few thin shale seams (gassy)
2	silty shale	942
24	shale	966
1	lime & shells	967
3	silty shale	970
1	lime & shells	971
4	oil sand	975 black & brown sand good bleeding
1	broken sand	976 dark brown & grey sand ok bleeding
12	black sand	988 ok oil show
1	grey sand	989
5	silty shale	994
53	shale	1047
6	sand	1053 white & grey no oil
2	shale	1055 TD

Drilled a 9 7/8" hole to 45'

Drilled a 5 5/8" hole to 1055'

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

Set 1051.5' 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

264545

TICKET NUMBER 44896

LOCATION Ottawa, KS

FOREMAN Cara 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 #T-10	SE 6	25	16	W0
CUSTOMER <u>Verde Oil</u>						
MAILING ADDRESS <u>3345 Arizona Rd</u>						
CITY <u>Savonburg</u>		STATE <u>KS</u>	ZIP CODE <u>66672</u>			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>729</u>	<u>Cashen</u>	<input checked="" type="checkbox"/>	<u>Safety Meeting</u>
			<u>6666</u>	<u>Gar Moo</u>	<input checked="" type="checkbox"/>	
			<u>558</u>	<u>Mat Coc</u>	<input checked="" type="checkbox"/>	
			<u>370</u>	<u>Kei Car</u>	<input checked="" type="checkbox"/>	

JOB TYPE longstring HOLE SIZE 5 5/8" HOLE DEPTH 1055' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 1051' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 6.08 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

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/ 2% gel, 5% salt, + 5# Kd seal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 6.08 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

Customer supplied latch down rubber plug

BTG

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE		1085.00	
5406	on lease	MILEAGE			
5402	1051'	casing footage			
5407A	280.86	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 #	Kd seal		347.30	
				SALES TAX	164.27
				ESTIMATED TOTAL	4167.84

completed

Ravin 3737

AUTHORIZATION Paul Maly

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