



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1207971
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: _____

1207971

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)*

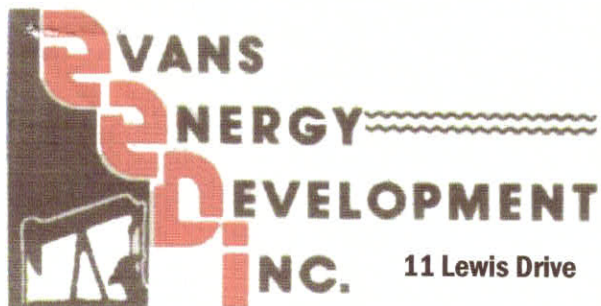
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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: _____ _____
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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 #12

API #15-207-28,788

December 19 - December 20, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
7	soil & clay	7
16	sand & clay	23 70% loose sand 30% clay making approx. 2 gallons of water
83	shale	106
11	lime	117
3	shale	120
21	lime	141
1	shale	142
24	lime	166
19	shale	185
133	lime	318 Lansing lime
9	shale	327
18	lime	345
2	shale	347
38	lime	385
12	shale	397
3	lime	400
57	shale	457
56	lime	513
2	shale	515
8	lime	523
2	shale	525
29	lime	554
3	shale	557
18	lime	575
3	shale	578
7	lime	585 base of the Kansas City
28	shale	613
10	broken sand	623 20% green sand 80% shale no show
114	shale	737
17	lime	754 limey green sand no show
9	shale	763
12	lime	775
2	shale	777
17	sand	794 green sand no show or odor
17	shale	811
2	lime	813
24	shale	837
4	lime	841
14	shale	855
11	lime	866

4	shale	870
24	lime	894
10	shale	904
7	lime	911
6	shale	917
3	lime	920
6	silty shale	926
2	broken sand	928 60% brown sand 40% shale ok bleeding (gassy)
4	oil sand	932 brown sand gassy good bleeding
1	broken sand	933 50% brown sand 50% shale ok bleeding (gassy)
7	silty shale	940
26	shale	966
1	lime & shells	967
2	shale	969
2	lime & shells	971
4	broken sand	975 90% sand 10% shale good bleeding
4	black sand	979 ok bleeding soft sand
5	broken sand	984 black sand & shale light odor
4	grey sand	988 no show
67	shale	1055 TD

Drilled a 9 7/8" hole to 41.4'

Drilled a 5 5/8" hole to 1055'

Set 41.4' of 7" threaded and coupled surface casing, cemented with 10 sacks cement.

Set 1046.65' 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

265004

TICKET NUMBER 45790
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 # 15-207-28788

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-20-13	8520	Earl Davidson #12	6	25S	16E	Woodson
CUSTOMER			TRUCK #			
Verde Oil			DRIVER			
MAILING ADDRESS			TRUCK #			
3345 Arizona Rd.			DRIVER			
CITY			TRUCK #			
Savanburg			DRIVER			
STATE			TRUCK #			
KS			DRIVER			
ZIP CODE			TRUCK #			
66722			DRIVER			

JOB TYPE 1/2 O HOLE SIZE _____ HOLE DEPTH 1055' CASING SIZE & WEIGHT _____
 CASING DEPTH 1036' DRILL PIPE _____ TUBING 2 7/8" OTHER _____
 SLURRY WEIGHT 13.8*/gal SLURRY VOL 39 Bbl WATER gal/sk 6 CEMENT LEFT in CASING 0
 DISPLACEMENT 6 Bbl DISPLACEMENT PSI 450 ~~Bump~~ Plug 950 PSI RATE 1 BPM

REMARKS: Safety Meeting. Rig up to 2 7/8" Tubing. Break circulation w/ 10 Bbl Fresh water. Mix 200# Gel-Flush. 5 Bbl water spacer. Mix 1100 sks 50/50 Pozmix Cement w/ 5# Katseal /sk, 2% Gel, 5% Salt, + 1/4# Phenaseal/sk. Shut down. Washout pump + lines. Load 2 7/8" Latch down plug in tubing. Displaced w/ 6 Bbl Fresh water. Final pumping pressure of 450 PSI. Bump plug to 950 PSI. Release pressure. Plug held. Shut well in @ 0 PSI. 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
5901	1	PUMP CHARGE	1085.00	1085.00
5406	35	MILEAGE	4.20	147.00
1124	1160 SKS	50/50 Pozmix Cement	11.50	1840.00
11104	800#	Katseal @ 5#/sk	.46	368.00
1118B	300#	Gel @ 2%	.22	66.00
1111	400#	Salt @ 5%	.39	156.00
1107A	40#	Phenaseal @ 1/4#/sk	1.35	54.00
1118B	200#	Gel-Flush	.22	44.00
5407	6.72 Tons	Ton Mileage Bulk Truck	M/C	368.00
5502C	3 HRS.	80 Bbl Vac Truck	90.00	270.00
1123	3360 Gals.	City Water	17.30/1000	58.13
			Subtotal	4456.13
		"Thank You"	SALES TAX 7.15%	184.91
			ESTIMATED TOTAL	4641.04

completed

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... and conditions of service on the back of this form are in effect for services identified on this form