



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1207973
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: _____

1207973

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
--	---

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)*

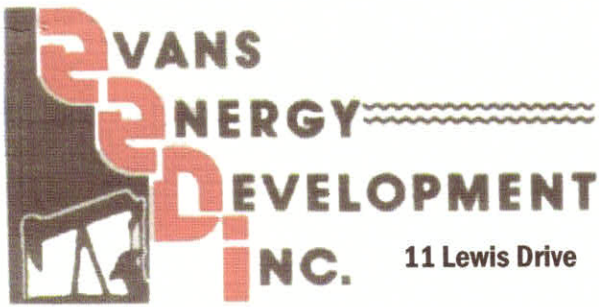
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size: _____ Set At: _____ Packer At: _____	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> 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> _____ <i>(Submit ACO-4)</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 #14

API #15-207-28,789

December 17 - December 18, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
7	soil & clay	7
13	sand & clay	20
86	shale	106
9	lime	115
5	shale	120
47	lime	167
20	shale	187
124	lime	311
4	shale	315
7	lime	322
7	shale	329
66	lime	395
13	shale	408
5	lime	413
45	shale	458
64	lime	522
3	shale	525
26	lime	551
2	shale	553
19	lime	572
2	shale	574
8	lime	582 base of the Kansas City
20	shale	602
3	broken sand	605 green sand & shale, no odor
132	shale	737
16	lime	753
10	shale	763
10	lime	773
5	shale	778
13	sand	791 hard limey green sand no show or odor
22	shale	813
1	lime	814
23	shale	837
4	lime	841
5	shale	846
15	lime	861
1	shale	862
2	lime	864
5	shale	869
2	lime	871
15	shale	886

5	lime	891
10	shale	901
8	lime	909
7	shale	916
1	lime	917
2	shale	919
2	silty shale	921
4	broken sand	925 60% brown 40% shale good bleeding
2	oil sand	927 brown sand few thin shale seams good bleeding (gassy)
1	broken sand	928 80% brown sand 20% shale good bleeding
1	oil sand	929 brown sand good bleeding
2	broken sand	931 brown sand & shale good bleeding
1	broken sand	932 20% brown sand 80% shale light bleeding
2	silty shale	934
1	shale	935
1	oil sand	936 brown sand good bleeding
1	broken sand	937 80% brown sand 20% shale good bleeding
26	shale	963
1	lime & shells	964
1	broken sand	965
2	shale	967
1	lime & shells	968
3	broken sand	971 80% brown sand 20% shale good bleeding
1	silty shale	972
3	oil sand	975 dark brown & black sand good bleeding
1	broken sand	976 50% dark brown & black sand 50% shale good bleeding
3	oil sand	979 dark brown & black sand, good bleeding
3	broken sand	982 50% black sand 50% shale ok bleeding
4	black sand	986 ok show
6	grey sand	992 no show
33	shale	1025
1	coal	1026
19	shale	1045
6	sand	1051 white & grey no show
4	shale	1055 TD

Drilled a 9 7/8" hole to 40.6'

Drilled a 5 5/8" hole to 1055'

Set 40.6' of 7" threaded and coupled surface casing, cemented with 10 sacks cement.

Set 1045.1' 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

264933

TICKET NUMBER 45811
LOCATION Eureka
FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT

CEMENT APT 15-207-28789

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-18-13	8520	E Davidson #14	6	23	16E	Woodson
CUSTOMER			TRUCK #			
Verde oil			DRIVER			
MAILING ADDRESS			TRUCK #			
3345 Arizona Rd			DRIVER			
CITY			STATE			
Savannah			ZIP CODE			
			KS			
			66772			

JOB TYPE 4s HOLE SIZE _____ HOLE DEPTH 1055' CASING SIZE & WEIGHT _____
 CASING DEPTH 1045 DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 6.07 bbls DISPLACEMENT PSI 500 ^{Bump} MIX PSI plug 1200 RATE _____

REMARKS: safety meeting. Rig up to 2 3/8 Tubing. Break Circulation w/ 6 bbls Freshwater. Mix 160 sks 50/50 Pozmix cement w/ 5# Kol-Seal 2% Gel 5% Salt * 1/4# Phenoseal per/sk. Shutdown washout pump & lines. Load Latchdown plug in Tubing. Displace w/ 6.07 bbls Fresh water. Final pumping Pressure 500* Bump Plug 1200*. Release Pressure Plug held shut well in 0". Good cement Returns to surface 7 bbl to pit. Job complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5461	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	35	MILEAGE	4.20	147.00 ✓
1124	160 sks	60/40 Pozmix cement	11.50	1840.00 ✓
1110A	800#	Kol-Seal 5# per/sk	.46	368.00 ✓
111813	300#	Gel 2%	.22	66.00 ✓
1111	400#	Salt 5%	.39	156.00 ✓
1107A	40#	Phenoseal 1/4# per/sk	1.35	54.00 ✓
5407	6.727 ton	Ton mileage Bulk Truck	m/c	368.00 ✓
5502C	3 hrs	80 bbl vacuum truck	90.00	270.00 ✓
1123	3000 gallons	CITY WATER	12.39/1000	51.90 ✓
			Sub Total	4405.90 ✓
			SALES TAX 7.15%	181.31 ✓
			ESTIMATED TOTAL	4587.21 ✓

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