



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1207980
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: _____

1207980

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)*

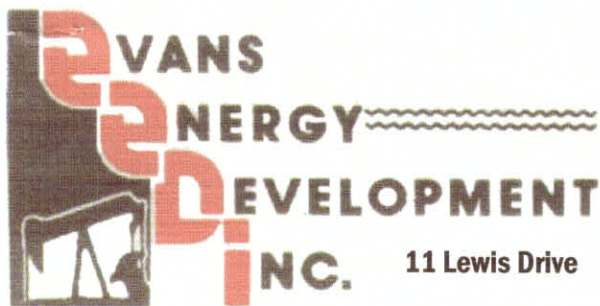
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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 #17-A

API #15-207-28,791

December 18 - December 19, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
8	soil & clay	8
11	sand & clay	19
95	shale	114
32	lime	146
4	shale	150
23	lime	173
18	shale	191
139	lime	330
9	shale	339
18	lime	357
5	shale	362
35	lime	397
63	shale	460
64	lime	524 making water
5	shale	529
4	lime	533
2	shale	535
18	lime	553
3	shale	556
6	lime	562
2	shale	564
17	lime	581 base of the Kansas City
27	shale	608
7	broken sand	615 15% green sand 85% shale, no odor
124	shale	739
4	lime	743
23	shale	766
11	lime	777
6	shale	783
14	sand	797 limey green sand no show
43	shale	840
4	lime	844
3	shale	847
15	lime	862
7	shale	869
4	lime	873
16	shale	889
8	lime	897
5	shale	902
8	lime	910
6	shale	916

2	lime	918
4	shale	922
4	silty shale	926
3	oil sand	929 brown sand good bleeding (gassy)
2	broken sand	931 75% brown sand 25% shale good bleeding (gassy)
2	oil sand	933 brown sand good bleeding (gassy)
1	broken sand	934 40% brown sand 60% shale ok bleeding (gassy)
2	silty shale	936
1	broken sand	937 70% brown sand 30% shale good bleeding (gassy)
31	shale	968
2	lime & shells	970
1	broken sand	971 85% brown sand 15% shale light bleeding
1	silty shale	972
1	broken sand	973 85% brown & black sand 15% shale good bleeding
5	oil sand	978 dark brown & black sand ok bleeding few thin shale seams
11	black sand	989 ok oil show
3	sand	992 black & grey no odor
8	silty shale	1000
45	shale	1045
7	sand	1052
3	shale	1055 TD

Drilled a 9 7/8" hole to 42.4'

Drilled a 5 5/8" hole to 1055'

Set 42.4' of 7" threaded and coupled surface casing, cemented with 10 sacks cement.

Set 1047' 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

264937

TICKET NUMBER 45814

LOCATION Eureka

FOREMAN Steve Neal

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

FIELD TICKET & TREATMENT REPORT

CEMENT APT 15-209-28791

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-19-13	8530	E. Davidson 17-A	6	25S	16E	Woodson
CUSTOMER <u>Verde oil</u>						
MAILING ADDRESS <u>3345 Arizona Rd</u>						
CITY <u>Savannah</u>		STATE <u>KS</u>	ZIP CODE <u>66732</u>			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>485</u>	<u>Alan</u>		
			<u>611</u>	<u>Joey</u>		
			<u>637</u>	<u>Jim</u>		

JOB TYPE <u>L/S</u>	HOLE SIZE	HOLE DEPTH <u>1055'</u>	CASING SIZE & WEIGHT
CASING DEPTH <u>1047'</u>	DRILL PIPE	TUBING <u>2 3/8</u>	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT <u>6.07 bbls</u>	DISPLACEMENT PSI <u>600*</u>	Bump MIX PSI <u>plug 1200*</u>	RATE

REMARKS: Safety Meeting. Rig up to 2 3/8 tubing. Break Circulation w/ 9 bbls Fresh Water. Pump 200* Gel Flush + 5 bbls water spacer. Mix 160 sks 50/50 Pozmix Cement w/ 5* Kal-Seal, 2% Gel, 5% Salt + 1/4* Phenoseal per 1 sk. Shut down Washout Pump & lines. Load Latchdown Plug in Tubing. Displace w/ 6.07 bbls Fresh water. Final pumping Pressure 600* Bump Plug 1200*. Release pressure Plug held. Shut well in 0*. Good Cement Return to surface 6 bbl to pit. Job Complete Rig down

Thank you

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	11.50	1840.00 ✓
1110A	800*	Kal-Seal 5* per 1 sk	.46	368.00 ✓
1118B	300*	Gel 2%	.22	66.00 ✓
1111	400*	Salt 5%	.39	156.00 ✓
1107A	40*	Phenoseal 1/4* per 1 sk	1.35	54.00 ✓
1118B	200*	Gel Flush	.22	44.00 ✓
5407	6.73 Ton	Ton mileage Bulk Truck	n/c	368.00 ✓
5502C	3 hrs	80 bbl vacuum Truck	90.00	270.00 ✓
1123	3000 gallons	City Water	17.39/gallon	51.90 ✓
			SubTotal	4449.90
			SALES TAX	184.46
			ESTIMATED TOTAL	4634.36 ✓

completed

Ravin 3737

AUTHORIZATION Darrin Bryant

TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's... from the back of this form are in effect for services identified on this form