



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1237173 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: _____



1237173

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
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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)*

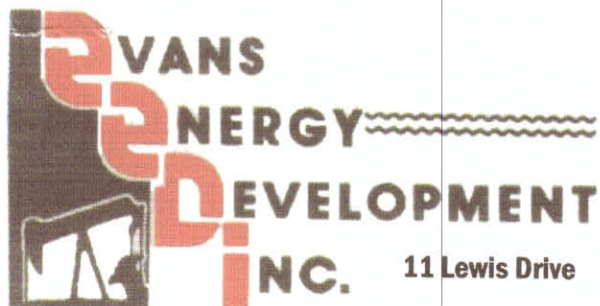
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> <input type="checkbox"/> Other <i>(Specify)</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
Campbell # I-10-12
API #15-001-31,151

September 16 - September 22, 2014

Thickness of Strata

6
54
5
3
17
76
99
18
19
6
14
15
20
4
64
2
5
22
18
2
23
15
11
5
3
1
42
2
199
5
5
26
10
31
4
5
9

Formation

soil & clay
limestone
shale
lime
shale
lime
shale
lime
shale
lime
shale
lime
shale
lime
shale
lime
shale
lime
shale
lime
shale
lime
shale
lime
shale
lime
shale
lime
shale
lime
shale
lime
shale
lime
broken sand
silty shale
shale
sand
oil sand
black oil sand
black sand
shale

Total

6
60
65
68
85
161
260
278
297
303
317
332
352
356
420
422
427
449
467
469
492
507
518
523
526
527
569
571
770
775 light green sand, sitly shale, odor
780
806
816 light brown
847 bleeding
851 bleeding
856 no bleeding
865

10	black sand	875 no show
3	conglomerate	878 lime, shale, sand
25	shale	903
2	coal	905
4	shale	909
1	lime	910 Mississippian, TD

Drilled a 9 7/8" hole to 21.65'

Drilled a 5 5/8" hole to 910'

Set 21.65' of 7" threaded and coupled surface casing, cemented with 5 sacks cement.

Set 900' of used 2 7/8" 8 round upset tubing including, 4 centralizers, 1 float shoe, 1 clamp, 1 cement pup joint



271409

TICKET NUMBER 48226
 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
9/23/14	8520	Campbell # I-10-12	SE 29	20	26	AL
CUSTOMER Verde Oil						
MAILING ADDRESS 3345 Arizona Rd						
CITY Savonburg	STATE KS	ZIP CODE 66772				

TRUCK #	DRIVER	TRUCK #	DRIVER
709	Casey Ken	✓	Safety Meeting
606	KeiCar	✓	
510	Dustin Webb	✓	
369	Mat Coc	✓	

JOB TYPE long string HOLE SIZE 5 7/8" HOLE DEPTH 910' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 900' DRILL PIPE TUBING baffle - 890' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 10'
 DISPLACEMENT 5.15 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, ~~pressure~~ mixed & pumped 122 sks 9/so Pozmix cement w/ 2% gel, 5% salt, + 5# Kalseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 5.15 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

Casey

* Customer supplied latex-down plug *

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00 ✓
5406	70 mi	MILEAGE		294.00 ✓
5402	900'	casing footage		559.93 ✓
5407A	397.11	for mileage		250.00 ✓
5502C	2.5 hrs	80 Vac		
1124	122 sks	9/so Pozmix cement	1403.00 ✓	
111BB	405 #	Premium Gel	89.10 ✓	
1111	256 #	Salt	99.84 ✓	
1110A	610 #	Kalseal	280.60 ✓	
		materials	1872.54 ✓	
		-30%	561.76 ✓	
		subtotal		1310.78 ✓
				4201.72 ✓
			7.47%	SALES TAX 94.99 ✓
				ESTIMATED TOTAL 3596.70 ✓

completed

AUTHORIZATION *Casey* 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.