

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1237214

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 #			API No. 15				
Name:			Spot Description:				
Address 1:			Sec	TwpS. R			
Address 2:			Feet	from $\ \square$ North / $\ \square$ South Line of Section			
City: St	ate: Ziŗ	D:+	Feet	from East / West Line of Section			
Contact Person:			Footages Calculated from Ne	arest Outside Section Corner:			
Phone: ()			□ NE □ NW	□ SE □ SW			
CONTRACTOR: License #			GPS Location: Lat:	, Long:			
Name:				. xx.xxxxx) (e.gxxx.xxxxx)			
Wellsite Geologist:			Datum: NAD27 NAD27				
Purchaser:			County:				
Designate Type of Completion: New Well Re-Entry Workover			Lease Name: Well #:				
			Field Name:				
	_		Producing Formation:				
☐ Oil ☐ WSW	SWD	SIOW	Elevation: Ground:	Kelly Bushing:			
☐ Gas ☐ D&A	☐ ENHR	☐ SIGW	Total Vertical Depth:	Plug Back Total Depth:			
☐ OG ☐ GSW ☐ Temp. Abd.			Amount of Surface Pipe Set and Cemented at: Feet				
CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):			Multiple Stage Cementing Collar Used? Yes No				
If Workover/Re-entry: Old Well Inf				Feet			
Operator:				nent circulated from:			
Well Name:			, ,	w/sx cmt.			
Original Comp. Date:			loot doparto.	U/ U/_			
	_	NHR Conv. to SWD					
Deepening Re-perf. Plug Back	Conv. to GS		Drilling Fluid Management F (Data must be collected from the				
Commingled	Permit #:		Chloride content:	ppm Fluid volume: bbls			
Dual Completion Permit #:		Dewatering method used:					
SWD	SWD Permit #:		Location of fluid disposal if hauled offsite:				
☐ ENHR	Permit #:		On and an Name				
GSW	Permit #:						
				License #:			
Spud Date or Date Rea	iched TD	Completion Date or		TwpS. R			
Recompletion Date Recompletion Date		Recompletion Date	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:

Page Two



Operator Name:			Lease	Name:			Well #:		
Sec Twp	S. R	East West	County	y:					
open and closed, flow	now important tops of for ving and shut-in pressu o surface test, along w	res, whether shut-	in pressure read	ched static	level, hydrosta	tic pressures, I			
	g, Final Logs run to ob ed in LAS version 2.0 o				s must be ema	iled to kcc-wel	l-logs@kcc.ks.go	v. Digital electronic log	
Drill Stem Tests Taker (Attach Additional		Yes n	Ю	_ Lo		on (Top), Depth		Sample	
Samples Sent to Geo	logical Survey	Yes N	No	Name			Тор	Datum	
Cores Taken Electric Log Run			lo lo						
List All E. Logs Run:									
			SING RECORD is set-conductor, s	New		ion etc			
- 10.1	Size Hole	Size Casing	Wei		Setting	Type of	# Sacks	Type and Percent	
Purpose of String	Drilled	Set (In O.D.)	Lbs.		Depth	Cement	Used	Additives	
		ADDITI	ONAL CEMENTI	ING / SQUE	EEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cemen	t # Sacks	s Used	Type and Percent Additives				
Perforate Protect Casing									
Plug Back TD Plug Off Zone									
Did you perform a hydrau	ulic fracturing treatment or	n this well?			Yes	No (If No,	skip questions 2 ar	nd 3)	
	total base fluid of the hydra	=		_	Yes		skip question 3)		
Was the hydraulic fractur	ring treatment information	submitted to the che	mical disclosure re	egistry?	Yes	No (If No,	fill out Page Three	of the ACO-1)	
Shots Per Foot		N RECORD - Bridg potage of Each Interv				cture, Shot, Cem mount and Kind of	ent Squeeze Recor Material Used)	d Depth	
TUBING RECORD:	Size:	Set At:	Packer A	At:	Liner Run:	Yes	No		
Date of First, Resumed	Production, SWD or ENF	IR. Producin	g Method:	na \Box c	as Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil B	bls. Gas	Mcf	Water		bls.	Gas-Oil Ratio	Gravity	
DISDOSITI	ON OF GAS:		METHOD OF	E COMPLET	ION:			ON INTERVAL:	
Vented Solo		Open Hole	Perf.	Dually (mmingled	FHODOGIIC	JIN IINTERVAL.	
	bmit ACO-18.)	Other (Spec		(Submit A		mit ACO-4)			



Oil & Gas Well Drilling Water Wells Geo-Loop Installation

Phone: 913-557-9083 Fax: 913-557-9084

Paola, KS 66071 Fax: 9

WELL LOG

Verde Oil Company Campbell # I-11-11 API #15-001-31,161 October 8 - October 9, 2014

Thickness of Strata	Formation	Total
8	soil & clay	8
55	limestone	63
4	shale	67
2	lime	69
17	shale	86
76	lime	162
156	shale	318
2	lime	320
4	shale	324
8	lime	332
88	shale	420
2	lime	422
7	shale	429
9	lime	438
4	shale	442
6	lime	448
40	shale	488
16	lime	504
12	shale	516
2	lime	518
54	shale	572
4	lime	576
38	shale	614
2	lime	616
110	shale	726
7	broken sand	733 brown bleeding sand & grey silty shale
54	shale	787
8	broken sand	795 light brown sand & silty shale, no show
3	sand	798 light brown no show
28	shale	826
19	oil sand	845 brown bleeding
2	shale	847
8	oil sand	855 brown bleeding sand
11	oil sand	866 slightly grey, bleeding
21	grey sand	887 no show
1	coal	888
27	shale	915
1	lime	916 Mississippian, TD

Drilled a 9 7/8" hole to 21.8' Drilled a 5 5/8" hole to 916'

Set 21.8' of new 7" threaded and coupled surface casing, cemented with 5 sacks cement.

Set 903' of used 2 7/8" 8 round upset tubing including, 4 centralizers, 1 float shoe, 1 clamp,



50508 TICKET NUMBER LOCATION OTHAWA MS FOREMAN Fred Mader

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

FIELD TICKET & TREATMENT REPORT

DOSINGER BOSTONER WELL PROMISE NUMBER SERVICES OF PRODUCT UNIT PRICE TOTAL TOTAL CODE CONTROL STATE STATE SAUGH BUYG REMARKS: HOLE SIZE STATE HOLE DEPTH SAUGH BUYGH ACCOUNT ACCOUNT GUANITY O'UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL SAUGH BUYGH ACCOUNT ACCOUNT GUANITY O'UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL SAUGH BUYGH ACCOUNT ACCOUNT	320-431-9210 oi	r 800-467-8676	3		CEMEN				
TRUCKS DRIVER TRUCKS DRIVER TO AN AND TRUCKS DRIVER TRUCKS DRIVER TO AN AND TRU	DATE		WEL	L NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
TRUCK# DRIVER TRUCK# DRIVER TRUCK# DRIVER DRIVER TRUCK# DRIVER TRUCK# DRIVER DRIVER TRUCK# DRIVER TRUCK# DRIVER TRUCK	10.10.14	3520	Campb	11 "IH	- 11	SE A9	20	2,6	AL
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SET SET STATE SET	33 4	5 Ari	zona R	۵					,
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Flush Miss Pump 584 50/50 Pm Mix Cement 276 Gel 576 54 M 5 Hal Seed 158. Comment 40 Suy face. Flush Dump 4 Imes Olean. Displace Pustomer supplied 272 Latchdown Plus to Daffle M Cashe. Pressure to 800 PSI. Release frets we to Set Flow Value Shatin Cashe. Fuant Energy Dao. Fire: Scott Lud Madein ACCOUNT CODE QUANITY or UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL CODE STOL 1 PUMP CHARGE 369 1095 CE 540 To mi MILEAGE 369 2945 STOL 902 Cashes footage 540 A Mc 550/A 406.875 Ton Miles 548 578 578 578 550/C 2 hrs 80 BBL Vac Truck 675 200 CE 1184 3104 Premium Gul 682 1187 218 1187 3104 Premium Gul 682 1891 18 110 A 625 Kal Seal Material 1891 18 110 A 625 Kal Seal Material 1891 18 110 A 625 Total Material 1891 18 1 1891 18 1 1891 18 1 1891 18 1 1891 18 1 1891 18 1 1891	DISPLACEMENT	5.18							# / .
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TOTAL 35743	Pavin 3737	Wind	40		100		1770	ESTIMATED	
AUTHORIZTION TITLE DATE		L M.	1		5			TOTAL	35747

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 for