



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1237298
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: _____



1237298

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)*

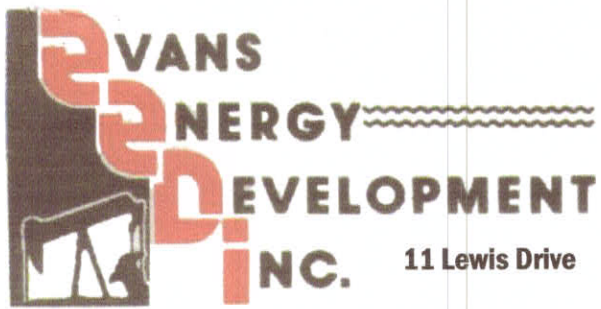
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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> _____
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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> _____	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 #95-75

API #15-001-31,144

August 25 - August 26, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
3	soil & clay	3
12	broken lime	15
33	lime	48
4	shale	52
2	lime	54
19	shale	73
18	lime	91
3	shale	94
30	lime	124
1	shale	125
20	lime	145 base of the Kansas City
98	shale	243
8	lime	251
30	shale	281
3	lime	284
18	shale	302
2	lime	304
4	shale	308
8	lime	316
2	shale	318
5	lime	323
17	shale	340
1	lime	341
27	shale	368
8	lime	376
28	shale	404
3	lime	407
5	shale	412
12	lime	424
4	shale	428
6	lime	434
41	shale	475
17	lime	492 oil show
1	shale	493
3	lime	496
3	shale	499
6	lime	505
90	shale	595
3	lime	598

111	shale	709
4	broken sand	713 90% black sand 10% limey sand ok bleeding
5	silty shale	718
5	shale	723
1	coal	724
42	shale	766
12	broken sand	778 shale with light brown sand minimal oil show
8	shale	786
5	broken sand	791 light brown hard sand & shale light bleeding
6	silty shale	797
1	broken sand	798 hard brown sand & shale light bleeding
2	broken sand	800 40% brown sand 60% shale good bleeding
27	oil sand	827 soft brown sand very good bleeding
4	oil sand	831 brown & dark grey sand good bleeding
15	oil sand	846 grey good oil show
6	grey sand	852 minimal show
1	coal	853
36	shale	889 Mississippi 889 TD

Drilled a 9 7/8" hole to 21.8'

Drilled a 5 5/8" hole to 899'

Set 21.8' of 7" surface casing, cemented with 5 sacks cement.

Set 886.2' 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

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

270764

TICKET NUMBER 48099
LOCATION Ottawa KS
FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-27-14	8520	Campbell # 95-75	SW 29	26	20	AL
CUSTOMER Verde Oil			TRUCK #			
MAILING ADDRESS 3324 Arizona Rd			DRIVER			
CITY Savonburg		STATE KS	ZIP CODE 66722		TRUCK #	
			DRIVER			

JOB TYPE Log string HOLE SIZE 5 7/8 HOLE DEPTH 889' CASING SIZE & WEIGHT 3 7/8 EUE
CASING DEPTH 886' DRILL PIPE Baffle TUBING @ 876' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10' + Plug
DISPLACEMENT 5.1 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix + Pump 100%
Gel Flush. Mix + Pump 106 sks 50/50 For Mix Cement 2% Gel 5%
Salt 5% Kol Seal/sk. Cement to surface. Flush pump + lines
clean. Displace Customer supplied 2 1/2" hatch down plug to
baffle in casing. Pressure to 800# PSI. Release pressure to
set float valve. Shut in casing.

Evans Energy Dev. Inc. - Mitchell.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	70 mi	MILEAGE	495	294 ⁰⁰
5402	886	Casing footage		N/C
5407A	345.03	Ton Miles	548	486 ⁴⁷
5502C	2 1/2 hr	80 BBL Vac Truck	675	250 ⁰⁰
1124	106 SKS	50/50 For Mix Cement	1219 ⁰⁰	✓
1183	312 [#]	Premium Gel	68 ⁶⁴	✓
1111	205 [#]	Granulated Salt	79 ⁸⁵	✓
110A	530 [#]	Kol Seal	243 ⁸⁰	✓
		Material	1611 ³⁹	
		Less 30%	- 483 ⁴²	✓
		Total		1127 ⁹⁷
		<input checked="" type="checkbox"/> completed		
			3846.12	
			7.4%	83.48 ✓
			ESTIMATED TOTAL	3326.94 ✓

Revin 3737

AUTHORIZATION _____ 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.