



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1237426
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: _____



1237426

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)*

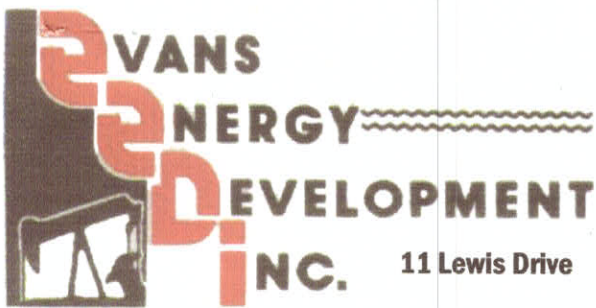
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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

Campbell #95-95

API #15-001-31,146

August 27 - August 28, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
6	soil & clay	6
13	broken lime	19
43	lime	62
4	shale	66
2	lime	68
17	shale	85
20	lime	105
3	shale	108
54	lime	162 base of the Kansas City
98	shale	260
8	lime	268
29	shale	297
3	lime	300
12	shale	312
1	lime	313
5	shale	318
3	lime	321
3	shale	324
8	lime	332
22	shale	354
3	lime	357
46	shale	403
2	lime	405
15	shale	420
2	lime	422
7	shale	429
20	lime	449
25	shale	474
2	lime	476
13	shale	489
6	lime	495
2	shale	497
8	lime	505
11	shale	516
4	lime	520
7	shale	527
1	lime	528
39	shale	567
1	lime	568

42	shale	610
1	lime	611
92	shale	703
6	silty shale	709
17	shale	726
4	broken sand	730 black laminated sand, ok bleeding
2	silty shale	732
6	broken sand	738 brown & grey, laminated sand, no show
1	coal	739
65	shale	804
6	broken sand	810 hard light brown sand, no show
9	shale	819
24	oil sand	843 brown good bleeding, soft
4	oil sand	847 dark brown & grey sand, good bleeding
1	shale	848
31	sand	879 black & grey
4	shale	883
3	broken sand	886 hard grey sand with shale, no show
1	coal	887
22	shale	909 Mississippi, TD

Drilled a 9 7/8" hole to 21.7'

Drilled a 5 5/8" hole to 909'

Set 21.7' of 7" surface casing, cemented with 5 sacks cement.

Set 893' of 2 7/8" 8 round upset tubing with 4 centralizers, 1 float shoe, 1 clamp, 1 baffle, 1 seating nipple



270834

TICKET NUMBER 48153
 LOCATION Ottawa KS
 FOREMAN Fred Madur

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
8-29-14	8520	Campbell 98-95	SW 29	20	26	AL

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Verde Oil 3345 Arizona Rd Savonburg KS 66772	712	Fred Mad		
	495	Har Bec		
	370	Mik Fox		
	548	Dam Wka		

JOB TYPE Long String HOLE SIZE 5 7/8 HOLE DEPTH 9098 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 893 DRILL PIPE Baffle in TUBING @ 883 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2' Plug + 10'
 DISPLACEMENT 5,138 DISPLACEMENT PSI _____ MIX PSI _____ RATE 50BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix + Pump
100# Gel Flush. Mix + Pump 106 SKs 50/50 Poz 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.

Evans Energy Dev. Inc - Mitchell

Fred Madur

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	70mi	MILEAGE	495	294 ⁰⁰
5402	893'	Casing footage		
5407	Minimum	Ten Miles	548	368 ⁰⁰
5502C	2 1/2 hrs	80 BBL Vac Truck	370	250 ⁰⁰
1124	106 SKs	50/50 Poz Mix Cement	1219 ⁰⁰	
1118B	278#	Premium Gel	61.16	
1111	205#	Granulated Salt	79 ⁸⁵	
1110H	530#	Kol Seal	243 ⁵⁰	
		Material	1603 ⁹¹	
		Less 30%	-481 ¹⁷	
		Total		1122 ⁷⁴
				3719.60
		7.4%	SALES TAX	83 ⁰⁹
			ESTIMATED TOTAL	3202 ⁸³

completed

[Signature]

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.