



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1237447
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
-----------------------------------	-----------------	---

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: _____



1237447

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)*

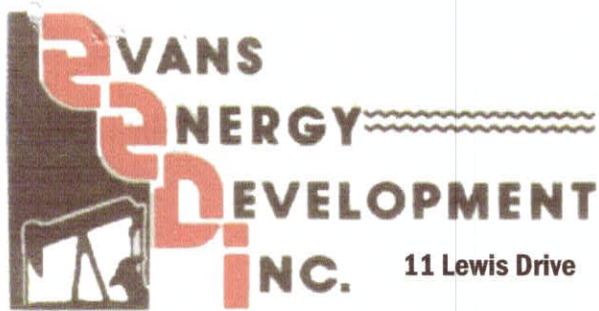
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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: _____ _____
--	---	---



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-95-105
API #15-001-31,148

September 3 - September 5, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
12	soil & clay	12
54	limestone	66
3	shale	69
4	lime	73
15	shale	88
77	lime	165
133	shale	298
5	lime	303
17	shale	320
3	lime	323
8	shale	331
5	lime	336
20	shale	356
4	lime	360
64	shale	424
3	lime	427
5	shale	432
12	lime	444 brown
3	shale	447
7	lime	454
41	shale	495
21	lime	516
4	shale	520
6	lime	526
11	shale	537 black
74	shale	611 grey
2	lime	613
114	shale	727
10	oil sand	737 good bleeding
36	shale	773
8	silty shale & sand	784 grey silty shale & brown sand, no show
30	shale	811
7	sand & shale	818 brown sand dark shale no show
5	sand	823 brown no show, gassy
22	oil sand	845 soft, bleeding
6	dark shale	851
7	sand	858 brown, bleeding
13	broken sand	871 dark shale, brown sand

7
33
0.2

black sand
shale
lime

878 no show
911 Mississippian, TD
911.2

Drilled a 9 7/8" hole to 20.2'
Drilled a 5 5/8" hole to 911'

Set 20.2' of 7" surface casing, cemented with 5 sacks cement.

Set 898' of used 2 7/8" tubing including a 10' cement pup joint, 4 centralizers, 1 float shoe, 1 clamp



CONSOLIDATED
Oil Well Services, LLC

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

270901

TICKET NUMBER 48158

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-5-14	8520	Campbell # J.95.105	SW 29	20	26	AL
CUSTOMER <u>Verde Oil</u>			TRUCK #			
MAILING ADDRESS <u>3345 Arizona Rd</u>			DRIVER			
CITY <u>Savonburg</u>		STATE <u>KS</u>	ZIP CODE <u>66772</u>		TRUCK #	
			DRIVER			
			<u>712</u> <u>Fred Mader</u>			
			<u>495</u> <u>Har Bee</u>			
			<u>370</u> <u>Mike Fox</u>			
			<u>548</u> <u>Dan Wha</u>			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 911' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 898' DRILL PIPE Baffle in TUBING @ 888' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10' + Plug
 DISPLACEMENT 5.15 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE SBPM

REMARKS: Hold crew safety meeting. Establish circulation. Mix Pump
100# Gel Flush. Mix Pump 109 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" latch down
plug to Baffle in casing. Pressure to 500# PSI. Release
pressure to set float valve. Shut in casing.

Evans Energy Dev. Inc. Scott

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085.00 ✓
5406	-	MILEAGE		N/C ✓
5402	898'	Casing Footage		N/C ✓
5407	354.9	Ton Miles	548	500.00 ✓
5502C	2 hrs	80 BBL Voe Truck	370	200.00 ✓
1124	109 sks	50/50 Poz Mix Cement	1253.50	✓
1118B	263#	Premium Gel	62.26	✓
1111	211 #	Granulated Salt	82.27	✓
1110A	545#	Kol Seal	250.20	✓
		Material	1648.75	
		less 30%	-494.62	✓
		Total		1154.13
			3556.17	
		SALES TAX		85.41
		ESTIMATED TOTAL		3024.25 ✓

completed

Ravin 3737

AUTHORIZATION [Signature]

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.