

Confidentiality Requested:

Yes No

### Kansas Corporation Commission Oil & Gas Conservation Division

1237465

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:			SecTwpS. R			
Address 2:			F6	eet from North /	South Line of Section	
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section	
Contact Person:			Footages Calculated from	Nearest Outside Section C	Corner:	
Phone: ()			□ NE □ NW	V □SE □SW		
CONTRACTOR: License #			GPS Location: Lat:	, Long:		
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)	
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84		
Purchaser:			County:			
Designate Type of Completion:			Lease Name: Well #:			
	e-Entry	Workover	Field Name:			
	_		Producing Formation:			
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW	Elevation: Ground:	Kelly Bushing:		
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total D	epth:	
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet	
☐ Cathodic ☐ Other (Co	ore. Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No	
If Workover/Re-entry: Old Well I			If yes, show depth set:			
Operator:			If Alternate II completion, c	cement circulated from:		
Well Name:			feet depth to:	w/	sx cmt.	
Original Comp. Date:						
Deepening Re-perf	J	ENHR Conv. to SWD	Drilling Fluid Managemer	nt Plan		
Plug Back	Conv. to G		(Data must be collected from to			
Commingled	Permit #		Chloride content:	ppm Fluid volume	: bbls	
□ Commingled Permit #:  Dual Completion Permit #:		Dewatering method used:				
SWD	•		Location of fluid disposal if hauled offsite:			
ENHR	Permit #:		·			
GSW	Permit #:		Operator Name:			
			Lease Name:			
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	TwpS. R	East West	
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.

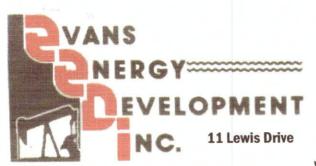
**Submitted Electronically** 

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 #: \_ 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** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No Yes
 Yes
 ■
 Yes
 ■
 Yes
 ■
 Nes
 Nes Cores Taken Electric Log Run \_\_\_ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) 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** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: **DISPOSITION OF GAS:** PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)



### Oil & Gas Well Drilling Water Wells Geo-Loop Installation

Phone: 913-557-9083

Fax: 913-557-9084

### WELL LOG

Paola, KS 66071

Verde Oil Company Campbell # 95-115 API #15-001-31,150

September 5 - September 9, 2014

Thickness of Strata	Formation	<u>Total</u>
8	soil & clay	8
56	limestone	64
3	shale	67
2	lime	69
18	shale	87
77	lime	164
136	shale	300
3	lime	303
17	shale	320
2	lime	322
3	shale	325
10	lime	335
87	shale	422
3	lime	425
5	shale	430
14	lime	444 brown
2	shale	446
6	lime	452
4	shale	456
1	lime	457
40	shale	497
15	lime	512
9	shale	521
2	lime	523
204	shale	727
8	brown sand	735 oil show
5	sand	740 black
59	shale	799
12	brown sand	811 no show
12	shale	823
9	oil sand	832
2	shale	834
21	oil sand	855 brown
5	oil sand	860 grey, bleeding oil
16	black sand	876
38	shale	914
1	lime	915 Mississippian, TD

Campbell # 95-115

Drilled a 9 7/8" hole to 23.6' Drilled a 5 5/8" hole to 915'

Set 23.6' of 7" surface casing, cemented with 5 sacks cement.

Set 911' of used 2 7/8" 8 round upset tubing including 1 seating nipple, 1 float shoe, 1 clamp, and 1' cement pup joint.



LOCATION ON A WAR

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

## FIELD TICKET & TREATMENT REPORT

	CUSTOMED #		EMENT			
DATE	CUSTOMER#	WELL NAME & NUMBER		TOWNSHIP	RANGE	COUNTY
1-10-14 CUSTOMER	8520 Ca	upbell 495.	115 50 39		24	AL
V-e	rde Oil		TRUCK#	DRIVER	TRUCK#	DRIVER
	. 1	- /	7/2	Framad		
33 4	5 Hrizon	E ZIP CODE	495	Har Bec		
Saum		, _	369	ArlMcD		
		5 66772	5/6	Dan Wha		
OB TYPE A A	HOLE		LE DEPTH H	CASING SIZE & W		EUE
LURRY WEIGH	T 910. SLUB	PIPE Boffle In TUE	TER gal/sk		OTHER	. DI.
	5.23 BBCDISPL		PSI	CEMENT LEFT IN		L Plug
EMARKS: A	1 .	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	Establish A			٥. ۵
100*	Gel Flush.	Mix + Pums	120 SKS 56/	TO DE M	MIKK	270 6
5%	A .			+ to Sur F		. L
puma			25" Rubber	Muc Cas	Komes Su	. 1 \nd
/	a down also	to baffle	In Casma	Pressure	to 800	K ps/
Relea			Value. Solin	Y M Cach		
				The Cash	<del>J</del>	
					. \	
Ev	ans Energy.	Dev. Inc. Sco	44.	Free	Marle	
	10-			/		
CODE	QUANITY or UNI	TS DESCRI	IPTION of SERVICES or PR	RODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		495		1085-00
5406	70 m	MILEAGE		495		2940
5402	918"	Casing Fook	dore			NIC
5407A	390.			510		550 25
5502C	2hr	80 BBL 1	lac Truck	369		2000
			18.119 (0.00)			
1124	120		Mix Coment		1380000	
UI8B	302	# Premien	Cul		66 44	
1111	232	Eranlox-			90 95	
1160 A	600	# Kol Scal			27600	
			Makerial	V-10.	18127	_
	TVP		Less 30%		- 5430	
	3		Total		<u> </u>	126909
AMPR	***************************************					
	COMPLET					
		48/				
					4076,83	
rin 3737	1			7.4%	SALES TAX	9391
111 3/3/	0~0			,	ESTIMATED TOTAL	Zum 7
UTHORIZTION	400				TOTAL	0772
JIHORIZITON		TITL	E	I	DATE	

account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.