



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1237617
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: _____



1237617

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)*

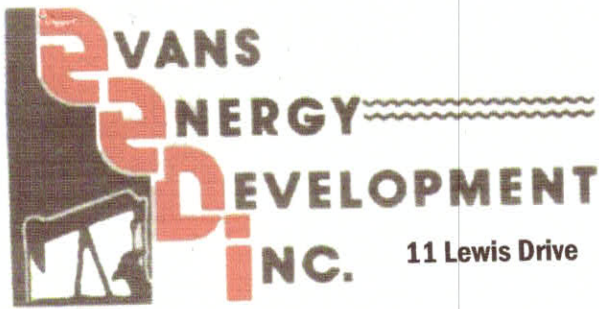
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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 # 95-135

API #15-001-31,149

September 10 - September 11, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
5	soil & clay	5
56	limestone	61
3	shale	64
4	limestone	68
18	shale	86
74	lime	160
133	shale	293
6	lime	299
18	shale	317
15	lime	332
21	shale	353
2	lime	355
64	shale	419
4	lime	423
7	shale	430
21	lime	451
5	shale	456
1	lime	457
36	shale	493
15	lime	508
10	shale	518 few lime seams
7	lime	525
43	shale	568
2	lime	570
40	shale	610
1	lime	611
42	shale	653
1	lime	654
119	shale	773
3	broken sand	776 brown sand, grey silty shale oil show
20	shale	796
27	brown sand	823 water
25	oil sand	848
10	black sand	858
42	shale	900
1	coal	901
6	shale	907
1	lime	908 Mississippian, TD

Campbell # 95-135

Page 2

Drilled a 9 7/8" hole to 23.65'

Drilled a 5 5/8" hole to 908'

Set 23.65' of 7" surface casing, cemented with 5 sacks cement.

Set 895' of used 2 7/8" 8 round upset tubing including, 4 centralizers, 1 float shoe, 1 clamp, seating nipple
1 cement pup joint.



CONSOLIDATED
Oil Well Services, LLC

271171

TICKET NUMBER 48199
LOCATION Ottawa KS
FOREMAN Fred Mader

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
9-12-14	8520	Campbell #95-135	SW 29	20	26	AL

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Verde Oil Co. 3345 Arizona Rd Sawarberg KS 6	712	Fred Mad		
	495	Har Bec		
	675	Kai Det		
	548	Don Wha		

JOB TYPE Long string HOLE SIZE _____ HOLE DEPTH 908 CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 896 DRILL PIPE Baffle in TUBING @ 886 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10' + Plug
 DISPLACEMENT 5.1538 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix Pump 100#
 Gel flush. Mix Pump 123 sks 50/50 Por Mix Cement 2% Gel
 5% Salt. 5# Kol Seal/sic. Cement to surface. Flush pump & lines
 clean. Displace customer supplied 2 1/2" latch down plug to
 Baffle in casing. Pressure to 800# 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	70 mi	MILEAGE	495	294 ⁰⁰ ✓
5402	896	Casing footage		N/C ✓
5407A	400.36	Tax Miles	548	564 ⁵¹ ✓
5502C	2 hrs	80 BBL Vac Truck	675	200 ⁰⁰ ✓
1124	123 sk	50/50 Por Mix Cement	1414 ⁵⁰	✓
1118B	307#	Premium Gel	67 ⁵⁴	✓
1111	238#	Granulated Salt	92 ⁸²	✓
1110A	615#	Kol Seal	282 ⁹⁰	✓
		Material	1857 ²⁶	
		Less 30%	- 557 ³³	✓
		Total		1300 ⁴³
			4138 ⁷⁴	
		7.4%	SALES TAX	96 ²³ ✓
			ESTIMATED TOTAL	3540 ¹⁷ ✓

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