

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1237642

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 East West					
Address 2:			Feet 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 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 #:					
New Well Re-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 Depth:					
CM (Coal Bed Methane)			Amount of Surface Pipe Set and Cemented at: Feet					
Cathodic Other (Core, 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			
Dual Completion			Dewatering method used:					
SWD	Permit #:		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.

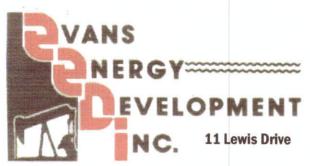
Submitted Electronically

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 Na	ame: _			Well #:		
Sec Twp	S. R	East	West	County:						
INSTRUCTIONS: She open and closed, flow and flow rates if gas to Final Radioactivity Log	ing and shut-in pressu o surface test, along w	res, whe ith final c	ther shut-in pre chart(s). Attach	ssure reach extra sheet	ed stati if more	c level, hydro space is nee	static pressures ded.	s, bottom hole temp	erature, f	fluid recovery,
files must be submitte	d in LAS version 2.0 o	r newer /	AND an image f	ile (TIFF or	PDF).					
Drill Stem Tests Taken (Attach Additional S		Ye	es No				ation (Top), Dep			Sample
Samples Sent to Geol	ogical Survey	Y	es 🗌 No		Nam	е		Тор		Datum
Cores Taken Electric Log Run			es No							
List All E. Logs Run:										
		Repo	CASING ort all strings set-c	RECORD	Ne		uction, etc.			
Purpose of String	Size Hole Drilled	Siz	ze Casing t (In O.D.)	Weigh Lbs. / F	nt	Setting Depth	Type o			and Percent additives
			ADDITIONAL	CEMENTING	G / SOI	IEEZE BECOI	PD.			
Purpose:	Depth	Type				EEZE REGOI		and Percent Additives		
Perforate	Top Bottom									
Protect Casing Plug Back TD										
Plug Off Zone										
Did you perform a hydrau Does the volume of the to Was the hydraulic fracturi	otal base fluid of the hydra	aulic fractu	uring treatment ex		•	Yes Yes Yes	No (If N	lo, skip questions 2 a lo, skip question 3) lo, fill out Page Three	,	O-1)
Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Typ Specify Footage of Each Interval Perforated						Acid,	Fracture, Shot, Ce	ement Squeeze Recor	rd	Depth
	Среспуту	Joilage of I	Lacit morvair cm	oration			(Amount and Kind	or material osety		Берит
TUBING RECORD:	Size:	Set At: Packer At:				Liner Run:				
Date of First, Resumed	Production, SWD or ENF	IR.	Producing Meth			_				
Estimated Production	Oil B	bls.	L Flowing Gas	Pumping Mcf	Wate	Gas Lift er	Other (Explain) Bbls.	Gas-Oil Ratio		Gravity
Per 24 Hours										
DISPOSITIO	ON OF GAS:		N	IETHOD OF C	COMPLE	TION:		PRODUCTION	ON INTER	VAL:
Vented Sold	Used on Lease		Open Hole	Perf.	Dually		Commingled Submit ACO-4)			
(If vented, Sub	omit ACO-18.)	Other (Specify)				(Submit ACC-4)				



Oil & Gas Well Drilling Water Wells Geo-Loop Installation

Phone: 913-557-9083 Fax: 913-557-9084

Paola, KS 66071

WELL LOG

Verde Oil Company Campbell # I-105-75 API #15-001-31,157 October 7 - October 8, 2014

Thickness of Strata	Formation	<u>Total</u>
1	soil & clay	1
45	limestone	46
3	shale	49
2	lime	51
16	shale	67
75	lime	142
158	shale	300
14	lime	314
88	shale	402
2	lime	404
4	shale	409
12	lime	420
3	shale	423
6	lime	429
40	shale	469
17	lime	486
9	shale	495
3	lime	498
100	shale	598
2	lime	600
50	shale	650
4	broken sand	654 thin seams of brown sand & silty shale
		slight oil show
93	shale	747
7	broken sand & sand	754 brown sand & silty shale, oil bleeding
13	shale	. 767
8	broken sand	775 light brown sand & shale no show
6	sand	781 light brown, light show
5	shale	786
3	sand	789 light brown, no show
8	shale	797
3	silty sand & shale	800
10	shale	810
28	oil sand	838 brown, bleeding
4	oil sand	842 slight grey, bleeding
13	black sand	855 no show
36	shale	891
2	lime	893 Mississippian, TD

Campbell # I-105-75

Drilled a 9 7/8" hole to 21.65' Drilled a 5 5/8" hole to 893'

Set 21.65' of new 7" threaded and coupled surface casing, cemented with 5 sacks cement.

Set 883' of used 2 7/8" 8 round upset tubing including, 4 centralizers, 1 float shoe, 1 clamp, 1 cement pup joint



LOCATION Oxtoura 123
FOREMAN Fred Wader

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

FIELD TICKET & TREATMENT REPORT

20-431-9210	or 800-467-8676)		CEMEN	I			
DATE	CUSTOMER#	WELL	NAME & NUMB		SECTION	TOWNSHIP	RANGE	COUNTY
10.8.14	8520	Campbe	U 4 105.	75	SW 29	20	26	AL
USTOMER	1 04	- /			TRUCK#	DRIVER	TRUCK#	DRIVER
ALLING ADDRE	ESS DIT	77.4			7/2	Fro. Mad	TROCK#	DIVIVER
334	= Asia	ona Rd			495	Harbee		
CITY	2 /77120	STATE	ZIP CODE		675	Ki Det		
Savanb	1110	Ks			510	Mat Coc		
OB TYPE Lon		HOLE SIZE	5 7/8	HOLE DEPTH		CASING SIZE & W	EIGHT 27/k	INE
ASING DEPTH		DRILL PIPE	- K I			ONOTITO GIZE G TE	OTHER	
LURRY WEIGH		SLURRY VOL		WATER gal/s		CEMENT LEFT in		Plug
	T 5.1 BBL		PSI	MIX PSI		RATE S BAM		0
EMARKS: 1	ald safe	L w. 1	Feta		in a sati	mixx Pun	0 100 tal	Flush.
	v Pinas	119 545	\$50/50	Por mir	Cannet J	90 Cul 52 5	SOLK 5 K	of Scalls
<u></u>			lush Du		nes clar	n. Displac	e 78" La	tch
do		stoner 5				ash. P	ressuve	10
800	# PSI. R		ressur			x value.		
Casi		,						
	7				211111			
						1		
Fun	AS ENER	gy Den.	IncS	cott -		Fuel Y	Vadre	
		14						
ACCOUNT	QUANITY	or UNITS	DE	SCRIPTION of	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
5401	7		PUMP CHARG	E		495	-	1085-00
5406	7	nomi	MILEAGE			495		29400
5402		83	Casing	footos	re		100	NK
5 407 A	3	87.34	Ton	Miles		510		546 15
55020		2hrs	80 B B	36 Vac	Truck	675		20000
1124	The state of the s	119	50/50	Por Mix	Coment		136850	
1118-6		300#	- /	um be			6600	
		240#	6	byled &	5-11		9350	
1111	<u> </u>	595*	Kols		50/F		22/20	/
11104		373	Karsi	Make	0		1801 80	
				111000	30%		-54054	
				704	0			126120
				(0)	~			
	1						****	
						1. 3.		
							4060,28	
	11/					7.4%	SALES TAX	9333
avin 3737	An.	N		-		/ ////	ESTIMATED	74-57
	1/ /// ~	1					TOTAL	34797
AUTHORIZTION	V V			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.