



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1237952
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: _____



1237952

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

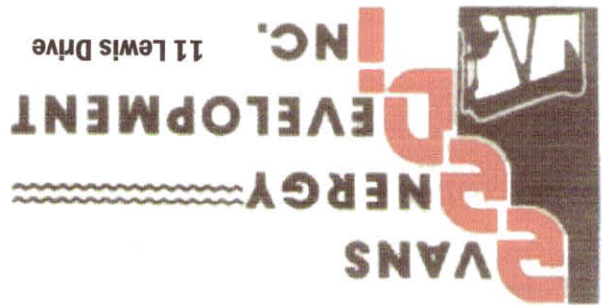
DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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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-105-135
 API #15-001-31,163
 September 25 - September 26, 2014



Thickness of Strata	Formation	908 Mississippi, TD
7	soil & clay	7
53	limestone	60
4	shale	64
3	lime	67
16	shale	83
77	lime	160
135	shale	295
2	lime	297
18	shale	315
18	lime	333
87	shale	420
2	lime	422
4	shale	426
15	lime	441
3	shale	444
5	lime	449
5	shale	454
1	lime	455
36	shale	491
16	lime	507
10	shale	517
5	lime	522
91	shale	613
2	lime	615
190	shale	805
8	broken sand	813 light brown sand & grey shale, no show
4	shale	817
5	sand	822 light brown, no show
23	oil sand	845 brown, bleeding oil
6	oil sand	851 black, bleeding oil
4	sand	855 black, no show
1	silty shale	856
3	black sand	859
48.5	shale	907.5
0.5	lime	908 Mississippi, TD

Drilled a 9 7/8" hole to 22.55'
 Drilled a 5 5/8" hole to 908'

Set 22.55' of new 7" threaded and coupled surface casing, cemented with 5 sacks cement.
 Set 901' of used 2 7/8" 8 round upset tubing including, 4 centralizers, 1 float shoe, 1 clamp,
 and 1 cement pup joint.



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

CEMENT

FIELD TICKET & TREATMENT REPORT

TICKET NUMBER 48233
LOCATION Chanute, KS
FOREMAN Casey Kowmody

DATE	9/26/14	CUSTOMER #	85200	WELL NAME & NUMBER	Camphell # I-105-135 SE 29	SECTION	00	TOWNSHIP	26	COUNTY	AL
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CUSTOMER	Verde 0:1	MAILING ADDRESS	3345 Arizona Rd	CITY	Chanute	STATE	KS	ZIP CODE	66602
JOB TYPE	Logging	HOLE SIZE	5 7/8"	HOLE DEPTH	908'	CASING SIZE & WEIGHT	2 7/8" EUE	OTHER	

SLURRY WEIGHT	5.10	DISPLACEMENT PSI	4.5 gpm	CEMENT LEFT IN CASING	
SLURRY VOL		WATER gal/sk		OTHER	

REMARKS: Held safety work, established circulation, mixed + pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed + pumped 112 stls 95% Pozmix cement w/ 2% gal, 5% salt + 5 # Kellogg per sk, cement to surface, flushed pump down, pumped 2 1/2" rubber plug to baffle w/ 5.10 lbs fresh water, pressured to 800 PSI, released pressure, shut in casing.

Customer supplied latch-down plug

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5402	70 mi	MILEAGE		294.00
5402	901'	Casings footage		514.03
5404	361.56	80 vac for mileage		300.00
5500	3 hrs			
1124	112 sks	95% Pozmix cement	1285.00	1285.00
1183	388 #	Premium Gel	85.36	33100.00
1111	235 #	Salt	91.65	21537.75
11104	500 #	Kellogg	257.00	128500.00
		Materials - 30%	1720.10	1720.10
		Subtotal	5110.78	5110.78
		SALES TAX		89.23
		ESTIMATED TOTAL		3488.09

I acknowledge that the payment terms, unless specifically amended in writing on the front of this 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.