



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 4485
Name: Verde Oil Company
Address 1: 1020 NE LOOP 410 STE 555
Address 2:
City: SAN ANTONIO State: TX Zip: 78209 + 1224
Contact Person: Jeffrey L. Dale
Phone: ( 210 ) 828-7852
CONTRACTOR: License # 33900
Name: Leis, Steven A.
Wellsite Geologist: Jeffrey L. Dale
Purchaser: Coffeyville Resources

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
[ ] Conv. to GSW
[ ] Plug Back: Plug Back Total Depth
[ ] Commingled Permit #:
[ ] Dual Completion Permit #:
[ ] SWD Permit #:
[ ] ENHR Permit #:
[ ] GSW Permit #:
10/27/2011 10/27/2011 4/11/2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-001-30268-00-00
Spot Description:
NE SW NW SE Sec. 29 Twp. 26 S. R. 20 [ ] East [ ] West
1815 Feet from [ ] North / [ ] South Line of Section
2145 Feet from [ ] East / [ ] West Line of Section
Footages Calculated from Nearest Outside Section Corner:
[ ] NE [ ] NW [ ] SE [ ] SW
County: Allen
Lease Name: Campbell Well #: I-6-8
Field Name: Humboldt-Chanute
Producing Formation: Bartlesville
Elevation: Ground: 1000 Kelly Bushing: 1000
Total Depth: 899 Plug Back Total Depth: 871
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? [ ] Yes [ ] No
If yes, show depth set: Feet
If Alternate II completion, cement circulated from: 896
feet depth to: 0 w/ 112 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 500 ppm Fluid volume: 100 bbls
Dewatering method used: Evaporated
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
[ ] Letter of Confidentiality Received
Date:
[ ] Confidential Release Date:
[ ] Wireline Log Received
[ ] Geologist Report Received
[ ] UIC Distribution
ALT [ ] I [ ] II [ ] III Approved by: Deanna Garris Date: 05/29/2012



1082616

Operator Name: Verde Oil Company Lease Name: Campbell Well #: I-6-8  
 Sec. 29 Twp. 26 S. R. 20  East  West County: Allen

**INSTRUCTIONS:** Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Bartlesville Tucker	815
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Datum
Electric Log Submitted Electronically (If no, Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		+185
List All E. Logs Run:			
Gamma Ray Neutron Casing Collar Log			

CASING RECORD <input checked="" 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
Surface	12.25	7.0	26	20	A Neat	6	None
Production	5.875	2.875	6.5	896	A 50/50 Poz	112	2% gel, 5% salt, 5% KolSea

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ Plug Off Zone	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	815' - 855', 80 shots	250 gallons 15% HCl	815' - 855'
		2 sacks 20/40 sand	
		10 sacks 12/20 sand, 85 bbl water	815' - 855'

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:
None				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>EOR well</u>			
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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>815' - 855'</u>
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Hodown Drilling

Yates Center, KS

Lease Name: Campbell	Spud Date: 10/27/2011	Surface Pipe Size: 7"	Depth: 20'	T.D.:899
Operator: Verde Oil Co.	Well# 1-6-8	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_5	soil			
5_64	lime			
64_67	black shale			
67_70	lime			
70_82	shale			
82_161	lime			
161_259	shale			
259_266	lime			
266_296	shale			
296_338	lime			
338_350	shale			
350_358	lime			
358_382	shale			
382_388	lime			
388_418	shale			
418_421	lime			
421_427	shale			
427_447	lime			
447_451	shale			
451_475	lime			
475_486	shale			
486_501	lime			
501_511	shale			
511_513	lime			
513_569	shale			
569_571	lime			
571_612	shale			
612_613	lime			
613_702	shale			
702_718	lime			
718_722	hard lime			
722_738	lime			
738_806	shale			
806_812	lime			
812_817	shale			
817_882	oil sand			
882_898	shale			
898_899	lime			
899 TD				



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 33022  
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
10/28/11	8520	Campbell #I-6.8	29	26	20	BL
CUSTOMER			TRUCK #			
Verde Oil % Jeff Dale			DRIVER			
MAILING ADDRESS			TRUCK #			
3345 Arizona Rd			DRIVER			
CITY			STATE			
Savonburg			KS			
STATE			ZIP CODE			
KS			66772			

JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT
Longstring	5 7/8	699'	2 7/8 EUE
CASING DEPTH	DRILL PIPE	TUBING	OTHER
896'	2 7/8" ID	880'	
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
			2 1/2" Plug + 16'
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE
5.1 BBL			5 BPM

REMARKS: Establish circulation - Mix Pump 100# Premium Gel Flush -  
Mix Pump 112 sks 50/50 Por Mix Cement 270 Gal 570 Salt  
5th Kal Seal/sk. Cement to surface. Flush pump & line clean.  
Displace 2 1/2" Rubber plug to Baffle w/ 5.1 BBL Fresh  
Water. Pressure to 800 PSI. Release pressure to set float  
valve. Shut in casing. Note: Customer supplied 2 1/2"  
hatch down plug.  
Notes: Washed down 1st casing  
Steve Heis Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	975 <sup>00</sup>
5406	70mi	MILEAGE	495	280 <sup>00</sup>
5402	896	Casing footage		N/C
5407A	364.56	Ton Miles	503	459 <sup>35</sup>
5901C	3 hrs	Transport	505/7106	336 <sup>00</sup>
1124	112 <sup>1</sup> sks	50/50 Por Mix Cement		1170 <sup>40</sup>
118B	255 <sup>4</sup>	Premium Gel		57 <sup>60</sup>
1111	217 <sup>4</sup>	Granulated Salt		75 <sup>95</sup>
1110 A	560 <sup>4</sup>	Kal Seal		246 <sup>40</sup>
<del>1110</del>	<del>1</del>	<del>SK</del>		

245532

SALES TAX ESTIMATED TOTAL	TOTAL
7.670	117 <sup>05</sup>
	3717 <sup>75</sup>

AUTHORIZATION \_\_\_\_\_ 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.