

KANSAS CORPORATION COMMISSION 1084743
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 #:

10/25/2011	10/26/2011	06/05/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-27968-00-00
Spot Description:
SW SW NE SE Sec. 8 Twp. 25 S. R. 16 ☒ East ☐ West
1448 Feet from ☐ North / ☒ South Line of Section
1155 Feet from ☒ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☒ SE ☐ SW
County: Woodson
Lease Name: F. Toedman Well #: 15
Field Name: Owl Creek
Producing Formation: Squirrel
Elevation: Ground: 985 Kelly Bushing: 985
Total Depth: 1054 Plug Back Total Depth: 1024
Amount of Surface Pipe Set and Cemented at: 40 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
If yes, show depth set: Feet
If Alternate II completion, cement circulated from: 1048
feet depth to: 0 w/ 140 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 50 ppm Fluid volume: 80 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 Garfiso Date: 06/18/2012



1084743

Operator Name: Verde Oil Company Lease Name: F. Toedman Well #: 15
 Sec. 8 Twp. 25 S. R. 16 ☒ East ☐ West County: Woodson

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If no, Submit Copy) List All E. Logs Run: Neutron-Density Dual Induction Gamma Ray/Neutron/Casing Collar Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width: 100%;"> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> <tr> <td>Upper Squirrel</td> <td>898'</td> <td>+87'</td> </tr> <tr> <td>Lower Squirrel</td> <td>945'</td> <td>+40'</td> </tr> </table>	Name	Top	Datum	Upper Squirrel	898'	+87'	Lower Squirrel	945'	+40'
Name	Top	Datum								
Upper Squirrel	898'	+87'								
Lower Squirrel	945'	+40'								

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	12.125	7.0	18	40	A Neat	10	None
Production	5.875	2.875	6.5	1048	60/40 Poz	140	2% gel, 5% salt, 5#/sx Kol-Sea

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
Attached	Attached	Attached	Attached

TUBING RECORD: Size: <u>1.0</u> Set At: <u>932</u> Packer At: <u>None</u>		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>06/05/2012</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. <u>11</u>	Gas Mcf <u>0</u>	Water Bbls. <u>45</u>
Gas-Oil Ratio <u>0</u>		Gravity <u>27</u>	

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" 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>898' - 906'</u> <u>945' - 955'</u>
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Form	ACO1 - Well Completion
Operator	Verde Oil Company
Well Name	F. Toedman 15
Doc ID	1084743

Perforations

Shots Per Foot	Perforation Record	Materials Record	Depth
2	945' - 955', 20 shots	300 gallons 15% HCl	945' - 955'
		50# 16-30 sand, 3950# 12-20 sand	
		138 barrels 10# gelled water	
2	898' - 906', 17 shots	300 gallons 15% HCl	898' - 906'
		50# 16-30 sand, 3950# 12-20 sand	
		130 barrels 10# gelled water	

CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 33349

LOCATION Encke

FOREMAN Steve Merrill

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

FIELD TICKET & TREATMENT REPORT

CEMENT *API 15.807-27968*

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
10-26-11	8520	F. Toedman #15		8	25S	16E	Woodson
CUSTOMER							
Verde Oil Company							
MAILING ADDRESS							
3345 Arizona Rd							
CITY	STATE	ZIP CODE		TRUCK #	DRIVER	TRUCK #	DRIVER
Salmon	AK	66723		485	Alan m		
				477	Chris B		
				637	Chris M		

JOB TYPE <u>Long String</u>	HOLE SIZE	HOLE DEPTH <u>1054'</u>	CASING SIZE & WEIGHT
CASING DEPTH <u>1048'</u>	DRILL PIPE	TUBING <u>2 7/8"</u>	OTHER
SLURRY WEIGHT <u>12.5"</u>	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT <u>6 bbl/s</u>	DISPLACEMENT PSI <u>500</u>	<u>Bump</u> MIX PSI <u>0</u> / <u>1700</u>	RATE

REMARKS: Safety Meeting. Rig up to 2 3/8 Tubing. Pump 6 bbls Freshwater Break Circulation. Pump 200⁺ Gal Flush 6 bbls Water spacer. Mix 140 lbs 60/140 Pozmix Cement w/ 5" Gal-seal + 5% Salt + 2% Gel At 135⁺ gal. Shutdown. Wash out pump + lines. Put in Latch down plug. Displace with 6 bbls Fresh water Final Pumping Pressure 500⁺. Bump Plug 1800⁺. Wait 2 min Release pressure. Plug held. Good Cement Return to surface Still slurry in pit.
Job Complete Rig down

✓ Thank you

[illegible]

Baym 3737

ॐ नमो भगवते वासुदेवाय

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.