



KANSAS CORPORATION COMMISSION 1084733
OIL & GAS CONSERVATION DIVISION

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

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 #: _____

10/19/2011	10/20/2011	06/05/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-27966-00-00

Spot Description: _____
NW NW SE SE Sec. 6 Twp. 25 S. R. 16 East West
1094 Feet from North / South Line of Section
1118 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Woodson

Lease Name: E. Davidson Well #: 9

Field Name: Owl Creel

Producing Formation: Squirrel

Elevation: Ground: 994 Kelly Bushing: 994

Total Depth: 1052 Plug Back Total Depth: 1028

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: 1050

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 Gerriso Date: 06/18/2012



1084733

Operator Name: Verde Oil Company Lease Name: E. Davidson Well #: 9
 Sec. 6 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 <i>(Attach Additional Sheets)</i> 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 <i>(If no, Submit Copy)</i> List All E. Logs Run: Density-Neutron 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%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Upper Squirrel</td> <td>924'</td> <td>+70'</td> </tr> <tr> <td>Lower Squirrel</td> <td>976'</td> <td>+18'</td> </tr> </table>	Name	Top	Datum	Upper Squirrel	924'	+70'	Lower Squirrel	976'	+18'
Name	Top	Datum								
Upper Squirrel	924'	+70'								
Lower Squirrel	976'	+18'								

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	18.0	40	A Neat	10	None
Production	5.875	2.875	6.5	1050	60/40 Poz	140	2% gel, 5% salt, 5# Kol-Seal/s>

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 <i>(Amount and Kind of Material Used)</i>	Depth
Attached	Attached	Attached	Attached

TUBING RECORD:	Size: 1.0	Set At: 954'	Packer At: None	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. 06/05/2012		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. 6	Gas Mcf 0	Water Bbls. 23	Gas-Oil Ratio 0 Gravity 26

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: 924' - 940' 976' - 984'
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Form	ACO1 - Well Completion
Operator	Verde Oil Company
Well Name	E. Davidson 9
Doc ID	1084733

Perforations

Shots Per Foot	Perforation Depth	Materials Used	Depth
2	976' - 984', 17 shots	300 gallons 15% HCL	976' - 984'
		50# 16-30 sand, 3950# 12-20 sand	
		140 barrels 10# gelled water	
2	924' - 940', 33 shots	300 gallons 15% HCl	924' - 940'
		50# 16-30 sand, 3950# 12-20 sand	
		148 barrels 10# gelled water	

Hodown Drilling

Yates Center, KS

Lease Name: E. Davidson	Spud Date: 10-19-2011	Surface Pipe Size: 7"	Depth: 40'	T.D.: 1052
Operator: Verde Oil Co.	Well # 9	Bit Diameter: 5 7/8"		
Footage taken	Sample type	Footage taken	Sample Type	
0_8	soil	1036_1052	shale	
8_13	clay		1052 TD	
13_25	sand			
25_97	shale			
97_158	lime			
158_180	shale			
180_182	lime			
182_190	shale			
190_315	lime			
315_327	shale			
327_343	lime			
343_348	shale			
348_352	lime			
352_372	soft white lime			
372_379	hard lime			
379_396	shale			
396_397	lime			
397_432	shale			
432_433	lime			
433_453	shale			
453_509	lime			
509_515	shale			
515_517	lime			
517_522	shale			
522_542	lime			
542_548	shale			
548_555	lime			
555_560	shale			
560_575	lime			
575_735	big shale			
735_740	lime			
740_763	shale			
763_775	lime			
775_837	shale			
837_842	lime			
842_846	shale			
846_871	lime			
871_887	shale			
887_912	lime			
912_917	black shale			
917_819	lime			
819_926	mulky			
926_934	oil sand/some shale			
934_939	good oil sand			
939_944	very little sand			
944_965	shale			
965_966	lime			
966_969	shale			
969_971	lime			
971_974	oil sand and shale			
974_979	good oil sand			
979_984	very little bleed			
984_1034	shale			
1034_1036	lime			



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 33307
LOCATION Eureka
FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT

CEMENT APT 13-207-27966

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-20-11	8530	E Davidson # 9				Woodson
CUSTOMER <u>Vendo Oil Company</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>3345 Arizona Rd</u>			485 Alan m			
CITY STATE ZIP CODE <u>Savannah KS 66712</u>			479 John			
			437 Rick			

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 1054' CASING SIZE & WEIGHT _____
 CASING DEPTH 1052' DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT 12.5# SLURRY VOL _____ WATER gal/ek _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 6 bbls DISPLACEMENT PSI 500# MIX-PSI Bump Plug 1300# RATE _____

REMARKS: Safety meeting. Rig up to 2 3/8 Tubing with wash head. Wash Tubing down 5' Circulate on well 10 min. Pump 200# Gel Flush + 5 bbls water. Mix 140 sks 60/40 Poz mix Cement w/ 5" Salt, 5" Kol-Seal, 2% Gel. Shut down Wash out pumps line. Drop latch down plug. Displace with 6 bbls Fresh water. Final pumping Pressure 500# Bump Plug 1300# Wait 10 min. Release pressure Plug held. Good Cement Returns to surface 6 bbls slurry to pit. Job Complete Rig down

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	30	MILEAGE	4.00	120.00
1131	140 sks	60/40 Poz mix	11.95	1673.00
1111	335	5" Salt	.35	117.25
1110A	700#	5" Kol-Seal	.44	308.00
1118B	240#	2% Gel	.20	48.00
1118B	200#	Gel Flush	.20	40.00
5407A	6.02	Fan Mileage Bulk Truck	mic	330.00
5502C	3 hrs	80 bbl Vacuum Truck	90.00	270.00
1123	2000 gallon	City water	13.60/gal	46.80
			Sub Total	3928.05
			SALES TAX 7.3%	163.01
			ESTIMATED TOTAL	4091.06

Revin 3737

245250

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.