



KANSAS CORPORATION COMMISSION 1082617
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: Coffeeyville 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 #: _____
10/31/2011 10/31/2011 4/11/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-001-30269-00-00
Spot Description: _____
NE SE NW SW Sec. 29 Twp. 26 S. R. 20 East West
1815 Feet from North / South Line of Section
1485 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-6-10
Field Name: Humboldt-Chanute
Producing Formation: Bartlesville
Elevation: Ground: 1004 Kelly Bushing: 1004
Total Depth: 898 Plug Back Total Depth: 873
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: 893
feet depth to: 0 w/ 125 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 Gantior Date: 05/29/2012



1082617

Operator Name: Verde Oil Company Lease Name: Campbell Well #: I-6-10
 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 <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: 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>Bartlesville Tucker</td> <td>836'</td> <td>+168'</td> </tr> </table>	Name	Top	Datum	Bartlesville Tucker	836'	+168'
Name	Top	Datum					
Bartlesville Tucker	836'	+168'					

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	17	20	A Neat	6	None
Production	5.875	2.875	6.5	893	A 60/40 Poz	125	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 <i>(Amount and Kind of Material Used)</i>	Depth
2	836' - 856', 40 shots	250 gallons 15% HCL	836' - 856'
		200# 20/40 sand, 1000# 12/20	
		sand, 81 bbl 20# gelled water	836' - 856'

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 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 <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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>836' - 856'</u>
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Hodown Drilling

Yates Center, KS

Lease Name: Campbell	Spud Date: 10/31/11	Surface Pipe Size: 7"	Depth: 20'	T.D.:898
Operator: Verde Oil Co.	Well # 1-6-10	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_4	soil			
4_56	lime			
56_64	black shale			
64_66	lime			
66_83	shale			
83_98	lime			
98_106	shale			
106_110	lime			
110_116	shale			
116_159	lime			
159_257	shale			
257_262	lime			
262_293	shale			
293_296	lime			
296_312	shale			
312_315	lime			
315_319	shale			
319_329	lime			
329_332	shale			
332_335	lime			
335_417	shale			
417_422	lime			
422_424	shale			
424_437	lime			
437_440	shale			
440_446	lime			
446_487	shale			
487_501	lime			
501_506	shale			
506_510	lime			
510_566	shale			
566_568	lime			
568_610	shale			
610_612	lime			
612_709	shale			
709_711	lime			
711_720	shale			
720_734	lime			
734_802	shale			
802_815	light sand, some odor			
815_835	mostly shale			
835_855	oil sand			
855_858	ok oil sand			
858_866	sandy shale			
866_876	shale			
876_898	dark shale			
898 TO				



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 33366

LOCATION Europe

FOREMAN Steve Neal

PO Box 884, Chanute, KS 68720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-1-11	8520	Campbell #6-10	29	26S	20E	Allen
CUSTOMER						
Verde Oil Company						
MAILING ADDRESS						
3345 Arizona Rd						
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
Savannah	KS	66722	425	Alan M		
			515	Calin		
			453/763	Jim		

JOB TYPE Long string HOLE SIZE _____ HOLE DEPTH 899' CASING SIZE & WEIGHT _____
 CASING DEPTH 899' DRILL PIPE _____ TUBING 2 3/8" OTHER _____
 SLURRY WEIGHT 17.6* SLURRY VOL _____ WATER gal/stk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT 5.17 DISPLACEMENT PSI 500* MIXTURE 1000* RATE _____

REMARKS: Safety Meeting! Rig up to 2 3/8" Tubing with wash head. Wash down 4 Joints Tubing to TD. Circulate on well 15 min. Pump 150* Gel Flush + 500's water. Mix 125 sks 60/40 pot mix cement 5% Kel Seal plus 2% Gel + 5% Salt AT 12.6/gal Shut down wash out pump+lines. Put in Latch down plug. Displace with 5.17 bbls fresh water. Final pumping Pressure 500* Pump Plug 1000*. Wait 2 min Release pressure Plug held. Good cement Return to surface. Job Complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406		MILEAGE <u>N/C 2^{mi}/well</u>	-	-
1171	125 sks	60/40 pot mix cement	11.95	1493.75
1110A	625*	Kel Seal 5% pot/sk	.44	275.00
1118B	215*	Gel 2%	.20	43.00
1111	299*	5% Salt	.35	104.65
1118B	150*	Gel Flush	.20	30.00
5407A	5.38	Teamileage Bulk Truck	1.26	474.52
5501	3 1/2 hrs	Water Transport	112.00	392.00
1123	3000 gallons	City Water	1.60/gallon	4680
		Subtotal		3834.72
		SALES TAX	7.55%	150.49
		ESTIMATED TOTAL		3985.21

Form 3737

[Signature]

040641

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.