



KANSAS CORPORATION COMMISSION 1104342
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: Jeff Dale
Phone: (210) 828-7852
CONTRACTOR: License # 5675
Name: McPherson, Ron dba McPherson Drilling
Wellsite Geologist: Jeff 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 #: _____
07/18/2012 07/19/2012 10/19/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-001-30468-00-00
Spot Description: _____
E2_W2_E2_SE Sec. 29 Twp. 26 S. R. 20 East West
1320 Feet from North / South Line of Section
825 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Allen
Lease Name: Campbell Well #: 7-12
Field Name: Humboldt-Chanute
Producing Formation: Bartlesville
Elevation: Ground: 1012 Kelly Bushing: 1012
Total Depth: 915 Plug Back Total Depth: 888
Amount of Surface Pipe Set and Cemented at: 22 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 909
feet depth to: 0 w/ 130 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 100 ppm Fluid volume: 50 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 Garrison Date: 12/13/2012



1104342

Operator Name: Verde Oil Company Lease Name: Campbell Well #: 7-12
 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	<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</td> <td>839'</td> <td>+173'</td> </tr> </table>	Name	Top	Datum	Bartlesville	839'	+173'
Name	Top	Datum					
Bartlesville	839'	+173'					

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	9.875	7.0	23.0	22	A Neat	4	None
Production	5.75	2.875	6.5	909	60/40 Poz	130	5#/ex Kol-Seal, 5% salt, 2% ge

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	-			
	-			

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	839' - 872' (67 shots)	250 gallons 15% HCl, 300# 16/30 sand, 2700# 12/20 sand, 125 bbl 20# gelled water	839' - 872'

TUBING RECORD:	Size: 1.0	Set At: 824	Packer At: NA	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. 10/19/2012	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. 12	Gas Mcf 0	Water Bbls. 15	Gas-Oil Ratio 0	Gravity 22

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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: 839' - 872'
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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 37643
LOCATION Eureka
FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT

CEMENT AP 15-001-30469

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-20-12	8580	Campbell #7-12	29	26S	20E	Allen
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Verde Oil			485	Alan M		
MAILING ADDRESS			611	Joey		
3345 Arizona Rd			619-791	George Vekler		
CITY	STATE	ZIP CODE				
Sewanburg	Ks	66722				

JOB TYPE Logging HOLE SIZE _____ HOLE DEPTH 915' CASING SIZE & WEIGHT _____
 CASING DEPTH 910' DRILL PIPE _____ TUBING 2 3/8" OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 5.2 bbl DISPLACEMENT PSI 500* 1200* RATE _____

REMARKS: Safety Meeting. Rig up on 2 3/8 tubing. Break circulation w/ 15 bbls Fresh Water. Pump 300* Gel Flush & 15 bbls water spacer. Mix 120 sks 60/40 Perm with Cement w/ 5* Kol-Seal, 5% Salt & 2% Gel. Washout pump & lines. Put in latch down plug. Displace with 5.2 bbls Fresh water. Final pumping pressure 500* Bump plug 1200*. Release pressure plug held Good Cement Returns to surface. 5 bbl slurry sup. Pit. Job Complete Rig down.

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	70	MILEAGE	4.00	280.00
1131	120 sks	60/40 Perm Cement	12.55	1631.50
1110A	650*	Kol-Seal 5% per/sk	.46	299.00
1111	310*	SALT 5%	.37	114.70
1118B	225*	Gel 2%	.21	47.25
1118B	300*	Gel Flush	.21	63.00
5407A	5.59 ton	Ton Mileage Bulk Truck	6.34	524.34
5501C	3 hrs	Water Transport	112.00	336.00
1123	3000 gallon	CITY WATER	16.50/1000	49.50
			Subtotal	4375.29
			SALES TAX 2.55%	166.48
			ESTIMATED TOTAL	4541.77

Rev'n 5737

051451

AUTHORIZATION [Signature] 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.