



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1091068

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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

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 #: _____

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API No. 15 - _____

Spot Description: _____

_____-_____-_____- Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West

_____-_____-_____- Feet from ☐ North / ☐ South Line of Section

_____-_____-_____- Feet from ☐ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☐ SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☐ No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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: _____ Date: _____



1091068

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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 ☐ Yes ☐ No
 (Attach Additional Sheets)

 Samples Sent to Geological Survey ☐ Yes ☐ No

 Cores Taken ☐ Yes ☐ No

 Electric Log Run ☐ Yes ☐ No

 Electric Log Submitted Electronically ☐ Yes ☐ No
 (If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample
 Name Top Datum
CASING RECORD ☐ New ☐ 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

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

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input 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 type="checkbox"/> Other (Explain) _____			
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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Commenced Spudding:
7/2/2012

[illegible]

Short Cuts

TANK CAPACITY

BBLS. (42 gal.) equals $D^2 \times .14 \times h$

D equals diameter in feet.

h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals BPH x PSI x .0004

BPH - barrels per hour

PSI - pounds square inch

TO FIGURE PUMP DRIVES

* D - Diameter of Pump Sheave

* d - Diameter of Engine Sheave

SPM - Strokes per minute

RPM - Engine Speed

R - Gear Box Ratio

*C - Shaft Center Distance

D - RPMxd over SPMxR

d - SPMxRxR over RPM

SPM - RPMXD over RxR

R - RPMXD over SPMxD

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{\text{WATTS}}{\text{VOLTS}} = \text{AMPS}$

746 WATTS equal 1 HP

Log Book

Well No. 171-111

Farm Garber

KS Miami
(State) (County)

4 19 24
(Section) (Township) (Range)

For DE Exploration
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Farm: W. C. W. County

State; Well No. A1-111

Elevation 817

Commenced Spuding 7-2 2012

Finished Drilling 7-5 2012

Driller's Name Chad Wagner

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Brendan Stone

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name JOS

4 19 24

(Section) (Township) (Range)

Distance from S. line, 4485 ft.

Distance from E line, 2755 ft.

9983-9987 - 4 hrs

3- Sachis

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

8" Set 22' 8" Pulled

6 1/4" Set _____ 6 1/4" Pulled _____

4" Set _____ 4" Pulled _____

27/ Set 249.3 2" Pulled _____

279 TD

CASING AND TUBING MEASUREMENTS

[illegible]

Thickness of Strata	Formation	Total Depth	Remarks
18	soil / clay	18	
14 9	shale	167	some lime seams
5	sandy shale	172	
4	sand	176	20% - 40% odor ok bleed
2	sand	178	no oil
4	sandy shale	182	
5	shale	187	
8	sand	195	solid, good bleed
2	sandy lime	197	10%
5	lime	202	no oil
6	shale	208	
2	lime	210	
13	shale	223	
7	lime	230	
16	shale	246	
4	lime	250	
8	shale	258	
3	sand	261	10% - 20%, odor, very slight bleed
4	lime	265	
4	shale	269	
10	lime	279	TD



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 251111

Invoice Date: 07/11/2012 Terms: 0/0/30,n/30

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D.E. EXPLORATION
DOUG EVANS
P.O. BOX 128
WELLSVILLE KS 66092
(785) 883-4057

GARBERG AI-111
37360
4-19-24
07-05-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	39.00	10.9500	427.05
1118B	PREMIUM GEL / BENTONITE	166.00	.2100	34.86
1111	SODIUM CHLORIDE (GRANULA	75.00	.3700	27.75
1110A	KOL SEAL (50# BAG)	195.00	.4600	89.70
1401	HE 100 POLYMER	.50	47.2500	23.63
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	1030.00	1030.00
368 EQUIPMENT MILEAGE (ONE WAY)	40.00	4.00	160.00
368 CASING FOOTAGE	249.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
510 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 630.99 Freight: .00 Tax: 47.63 AR 2443.62
Labor: .00 Misc: .00 Total: 2443.62
Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



FIELD TICKET & TREATMENT REPORT CEMENT

FOREMAN Alan Mader

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
7-5-12	2355	Garberg AI-111		NW 4	19	24	Mi
CUSTOMER D E Exploration							
MAILING ADDRESS P.O. Box 128							
CITY Wellsville		STATE KS	ZIP CODE 660				

TRUCK #	DRIVER	TRUCK #	DRIVER
516	Ala Mad	546	Meot
368	Ar1 Mad	AM	
370	Kei Car	KC	
510	Set Tuc	ST	

JOB TYPE <u>long string</u>	HOLE SIZE <u>5 5/8</u>	HOLE DEPTH <u>279</u>	CASING SIZE & WEIGHT <u>2 3/8</u>
CASING DEPTH <u>249</u>	DRILL PIPE _____	TUBING _____	OTHER <u>Baffle 220</u>
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>yes</u>
DISPLACEMENT <u>174</u>	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>4 bpm</u>

REMARKS: Held crew meet. Established rate. Mixed + pumped 1/2 gal polymer. Circulated into new pit to condition well. Mixed + pumped 100# gel followed by 39 sk 50/50 cement plus 5# bol seal, 5 1/2 gal 2% gel per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float. Closed valve.

TOS, Chad

Allen Maden

[illegible]

Bayin 3737

no company rep.
Jim ok'd

251111

SALES TAX	47.64
ESTIMATED TOTAL	2443.62

AUTHORIZTION

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