



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1092453

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: _____



1092453

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 <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey ☐ Yes ☐ No Cores Taken ☐ Yes ☐ No Electric Log Run ☐ Yes ☐ No Electric Log Submitted Electronically ☐ Yes ☐ No <i>(If no, Submit Copy)</i> List All E. Logs Run:	☐ Log Formation (Top), Depth and Datum ☐ Sample Name Top Datum
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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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: ☐ Yes ☐ No
Date of First, Resumed Production, SWD or ENHR.			Producing Method: ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other <i>(Explain)</i> _____		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. <i>(Submit ACO-5)</i> ☐ Commingled <i>(Submit ACO-4)</i> ☐ Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Miami County, KS To
Well: Garberg AI-12
Lease Owner: DE Exploration

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
5/17/2012

WELL LOG

[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 SPMxR

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. AI-12

Farm Garberg

KS Miami
(State) (County)

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

For D.E. Exploration
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East
Louisburg, KS 66053
913-710-5400

Gerber Farm: Miami County

KS State; Well No. AI-12

Elevation 017

Commenced Spuding May 11, 2012

Finished Drilling May 110 2012

Driller's Name VUC S/ey 12/19/01

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Brandon J. Font

Tool Dresser's Name Colt Stant

Tool Dresser's Name _____

Contractor's Name 105

4 14 14

(Section) (Township) (Range)

Distance from 5 line, 4433 ft.

Distance from E line, 2095 ft.

5 sacks

6 hrs

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

8" Set _____ 8" Pulled _____

7 3/4" Set 40 6 1/4" Pulled

4" Set _____ 4" Pulled _____

2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

[illegible]

Thickness of Strata	Formation	Total Depth	Remarks
0-21	Soil - clay	21	
6	gravel	26	water
128	shale	154	
14	shale & lime	168	
17	sand	185	no Oil
1	sand	186	Oil - good bleed - solid
1	sand	187	no Oil
5	Lime	192	
7	shale	199	
5	Lime	204	
8	shale	212	
7	Lime	219	
16	shale	235	
4	Lime	239	
6	shale	245	
6	sand	251	
4	shale	255	
16	Lime	271	
12	shale	283	
2	Lime	285	
16	shale	301	
4	Lime	305	
44	shale	349	
4	sandy shale	353	
1	sand	354	50% Oil
1	sand	355	Solid Oil
4	sand	359	no Oil

359

[illegible]



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 # 250036

Invoice Date: 05/22/2012 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-12
39745
4-19-24
05-18-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	63.00	10.9500	689.85
1118B	PREMIUM GEL / BENTONITE	206.00	.2100	43.26
1111	SODIUM CHLORIDE (GRANULA	122.00	.3700	45.14
1110A	KOL SEAL (50# BAG)	315.00	.4600	144.90
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	443.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
503 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 974.78 Freight: .00 Tax: 73.59 AR 2813.37
Labor: .00 Misc: .00 Total: 2813.37
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

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

FIELD TICKET & TREATMENT REPORT

CEMENT

TICKET NUMBER 39745

LOCATION Oahu

FOREMAN Alvin Maden

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
5-18-12	2955	Garberg AI-12		NW 4	19	24	Mi
CUSTOMER DE Exploration				TRUCK #			
MAILING ADDRESS P.O. Box 128				DRIVER			
CITY Wellsville		STATE KS	ZIP CODE 66092	516	Ala Mac	Safety	Med
				368	Ant Mac	AM	
				370	Kei Car	KE	
				503	Dan Gar	DG	

JOB TYPE <u>long string</u>	HOLE SIZE <u>5 5/8</u>	HOLE DEPTH <u>480</u>	CASING SIZE & WEIGHT <u>2 1/2</u>
CASING DEPTH <u>443</u>	DRILL PIPE _____	TUBING _____	OTHER <u>habe 412</u>
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>yes</u>
DISPLACEMENT <u>2.4</u>	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>4.5 pm</u>

REMARKS: Held crew meet, Established rate. Mixed & pumped 1/2 gal polymer followed by 100 # gel. Circulated to condition hole. Mixed & pumped 63 SK 50150 cement plus 5# Kolseal 5% salt, 270 gel. per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set flow. Closed valve.

TOS, yes

Adam Mabee

[illegible]

Ravin 3737

AUTHORIZTION

TITLE

DATE _____

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.