



KANSAS CORPORATION COMMISSION 1096143
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 # _____

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: _____



1096143

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input 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

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 *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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 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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Garberg Farm: Miami County
KS State: Well No. A-5
 Elevation 803
 Commenced Spudding April 6 2012
 Finished Drilling April 9 2012
 Driller's Name Wesley Dollard
 Driller's Name _____
 Driller's Name _____
 Tool Dresser's Name Brandon Stone
 Tool Dresser's Name Ryan Ward
 Tool Dresser's Name _____
 Contractor's Name TOS
4 19 24

(Section) (Township) (Range)
 Distance from S line, 3465 ft.
 Distance from E line, 2755 ft.

2 sacks

9.5 hrs 2 cores

CASING AND TUBING

RECORD

10" Set _____ 10" Pulled _____
~~8"~~ ^{5/8"} Set 24 _____ 8" Pulled _____
 6 1/4" Set _____ 6 1/4" Pulled _____
 4" Set _____ 4" Pulled _____
 2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
420.	8	Baffle			
451.	2	float		4	1/2

Thickness of Strata	Formation	Total Depth	Remarks
0-30	soil-clay	30	
118	shale	148	
14	sandy lime	162	
10	sand	172	no oil
1	sand	173	good oil perf
15	core	188	
4	lime	192	
6	shale	198	
3	lime	201	
4	shale	205	
3	lime	208	
6	shale	214	
8	lime	222	
14	shale	236	
5	lime	241	
4	shale	245	
7	sand	252	no oil
5	shale	257	
18	lime	275	
9	shale	284	
2	lime	286	
18	shale	304	
4	lime	308	
42	shale	350	
7	core	357	
2	sand	359	solid oil - perf
11	sandy shale	370	no oil

370

Thickness of Strata	Formation	Total Depth	Remarks
34	shale	404	
1	Lime	405	
8	shale	413	
24	sand	437	no Oil
43	shale	480	TD

Core

Thickness of Strata	Formation	Total Depth	Remarks
		173	
.5	sand	173.5	good Oil perf
1	sand	174.5	no Oil
11	sand	185.5	broken good Oil perf
2	shale	187.5	no Oil
.5	Lime	188	no Oil

Core

		350	
2	sandy shale	352	no Oil
2	sand	354	broken good Oil perf
3	sand	357	solid Oil perf



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 # 248949

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Invoice Date: 04/11/2012 Terms:

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

GARBERG A-5
36603
NW 4 19 24 MI
4/9/12
KS

=====
Part Number Description Qty Unit Price Total

1124	50/50 POZ CEMENT MIX	79.00	10.9500	865.05
1118B	PREMIUM GEL / BENTONITE	233.00	.2100	48.93
1111	SODIUM CHLORIDE (GRANULA	153.00	.3700	56.61
1110A	KOL SEAL (50# BAG)	395.00	.4600	181.70
1401	HE 100 POLYMER	.50	47.2500	23.63
4404	4 1/2" RUBBER PLUG	1.00	45.0000	45.00

Description Hours Unit Price Total

495	CEMENT PUMP	1.00	1030.00	1030.00
495	EQUIPMENT MILEAGE (ONE WAY)	40.00	4.00	160.00
495	CASING FOOTAGE	453.00	.00	.00
503	MIN. BULK DELIVERY	1.00	350.00	350.00
T-106	WATER TRANSPORT (CEMENT)	2.00	112.00	224.00

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Parts: 1220.92 Freight: .00 Tax: 92.17 AR 3077.09
Labor: .00 Misc: .00 Total: 3077.09
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



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36603

LOCATION Ottawa

FOREMAN Alan Mader

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-9-12	2355	Garberg # A-5	NW 4	19	24	MI
CUSTOMER D.E. Exploration			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 128			576	Alan M	Safety	Meet.
CITY Wellsville			493	Harold B	HJB	
STATE KS			505/1106	Keith C	KC	
ZIP CODE 66092			503	Daniel G	DG	

JOB TYPE Long string HOLE SIZE 6 3/4 HOLE DEPTH 480 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 523 DRILL PIPE _____ TUBING _____ OTHER baffle 421
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 6.6 DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bpm

REMARKS: Hold crew meet. Established rate. Mixed & pump 1/2 gal polymer followed by 100# gel. Mixed & pump 1/2 bbl dye marker followed by 79 sk 50/150 cement plus 3# Kolseal, 5% salt, 2% gel per sack. Circulated dye. Flushed pump. Pumped plug to baffle. Circulate 5 bbl cement. Well held 800 PSI. Set float. Closed valve.

TDS, WES

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	40	MILEAGE		160.00
5402	453	Casing Footage		350.00
5407	mi	ton miles		224.00
3301C	2	transport T106		
1124	79 sk	50/150 cement		865.05
1118B	233#	gel		48.93
1111	153#	salt		56.61
1110A	395#	Kolseal		181.70
1401	1/2 gal	polymer		29.63
4404	1	4-gal plug		45.00
<u>248949</u>				
SALES TAX				92.17
ESTIMATED TOTAL				3077.09

Revin 9797 no company rep

AUTHORIZATION Jim Oskid 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