



KANSAS CORPORATION COMMISSION 1096146
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: _____



1096146

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
<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 <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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Gralberg Farm: Miami County

KS State: Well No. A-6

Elevation 795

Commenced Spudding April 10 2012

Finished Drilling April 11 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, 2095 ft.

2.5 hrs setting surface
10 sacks Quickset concrete
12 hrs

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

~~8"~~ 8" Set 42 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.
415.3		Baffle			
447.8		float		4 1/2	

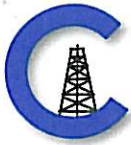
Thickness of Strata	Formation	Total Depth	Remarks
0-20	soil-clay	20	
6	gravel	26	Water
123	Shale	149	
5	Lime	154	
14	Shale	168	
10	sandy lime	178	odor no show
9	core	187	
9	Shale	196	
7	Lime	203	
7	Shale	210	
7	Lime	217	
16	Shale	233	
4	Lime	237	
6	Shale	243	
6	Sand	249	odor no show
5	Shale	254	
17	Lime	271	
9	Shale	280	
2	Lime	282	
17	Shale	299	
3	Lime	302	
46	Shale	348	
14	core	362	
36	Shale	399	
1	Lime	400	
9	Shale	409	
13	Sand	422	no Oil

422

Thickness of Strata	Formation	Total Depth	Remarks
38	Shale	460	TD

CORE

Thickness of Strata	Formation	Total Depth	Remarks
		178	
1	sand	179	good bleed perf
3	sand	182	5% Oil - perf
5	Lime	187	no Oil
	CORE		
		348	
2	sand	350	solid good Oil perf
7	broken sand	357	Oil - perf
5	sand	362	no Oil



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 # 248992

Invoice Date: 04/13/2012 Terms:

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

GARBERG A-6
36474
NW 4 19 24 MI
4/11/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	91.00	10.9500	996.45
1118B	PREMIUM GEL / BENTONITE	253.00	.2100	53.13
1110A	KOL SEAL (50# BAG)	455.00	.4600	209.30
1111	SODIUM CHLORIDE (GRANULA	191.00	.3700	70.67
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
368 CEMENT PUMP	1.00	1030.00	1030.00
368 EQUIPMENT MILEAGE (ONE WAY)	40.00	4.00	160.00
368 CASING FOOTAGE	448.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	4.00	90.00	360.00
548 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1398.18 Freight: .00 Tax: 105.56 AR 3403.74
 Labor: .00 Misc: .00 Total: 3403.74
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

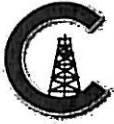
PONCA CITY, OK
580/762-2303

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

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676TICKET NUMBER: 36474LOCATION Ottawa, KSFOREMAN Casey Kennedy**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/11/12	2355	Garberg A-6	NW 4	19	24	MI
CUSTOMER DE Exploration			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS PO Box 128			481	Cas Ken	ck	
CITY STATE ZIP CODE			368	Gar Moo	GM	
Wellsville KS 66092			548	Mik Haa	MH	
			370	Kei Car	KC	

JOB TYPE logstring HOLE SIZE 6 3/4" HOLE DEPTH 480' CASING SIZE & WEIGHT 4 1/2"
CASING DEPTH 448' DRILL PIPE _____ TUBING baffle - 415' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 6.6 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 1/2 gal HE-100 Polymer, mixed & pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 91 slts 50/50 Pozmix cement w/ 2 7/8 gal, 5% Salt, & 5 # Kol Seal per sk, cement to surface, flushed pump clean, pumped 4 1/2" rubber plug to baffle plate w/ 6.6 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

Casey Kennedy

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	40 miles	MILEAGE		160.00
5402	448'	Casing Footage		—
5407	minimum	tax mileage		350.00
5502C	4 hrs	80 Vac		360.00
1124	91 slts	50/50 Pozmix cement		996.45
1118B	253 #	Premium Gel		53.13
1110A	455 #	Kol Seal		209.30
1111	191 #	Salt		70.67
1401	1/2 gal	HE-100 Polymer		23.63
4404	1	4 1/2" rubber plug		45.00
<i>248992</i>				
			7.55%	SALES TAX
				ESTIMATED TOTAL
				3403.74

Favlin 8737

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.