



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
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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: _____



1096157

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 Bbbs.	Gas Mcf	Water Bbbs.	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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Thickness of Strata	Formation	Total Depth	Remarks
0-20	soil-clay	20	
7	gravel	27	Water
125	shale	152	
2	lime	154	
5	sand	159	no oil grey
8	shale	167	
15	sand	182	no oil brown
3	sandy lime	185	odor no show
2	lime	187	
9	shale	196	
8	lime	204	
5	shale	209	
8	lime	217	
15	shale	232	
4	lime	236	
4	shale	240	
8	sand	248	no show
4	shale	252	
21	lime	273	
6	shale	279	
2	lime	281	
67	shale	348	
2	sand -perf	350	broken 50% good Oil
15	core	365	
33	shale	398	
2	sand	400	no oil
9	shale	409	



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 # 249596

Invoice Date: 05/09/2012 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 A-10
36715
4-19-24
05-04-2012
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
4404	4 1/2" RUBBER PLUG	1.00	45.0000	45.00
1401	HE 100 POLYMER	.50	47.2500	23.63

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.00	180.00
495 CASING FOOTAGE	438.00	.00	.00
503 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1220.92 Freight: .00 Tax: 92.17 AR 3143.09
 Labor: .00 Misc: .00 Total: 3143.09
 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

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

TICKET NUMBER 36715

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/4/12	2355	Garberg # A-10	NW 4	19	24	Wes
CUSTOMER D. E. Exploration			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 128			504	FREMO	Safety	MK
CITY STATE ZIP CODE Wellsville KS 66092			495	HARBEC	H.B.	
			369	DERMAS	DM	
			503	DANGAR	DC	

JOB TYPE Long string HOLE SIZE 6 3/4 HOLE DEPTH 450 CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 438' DRILL PIPE Baffle casing 409' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 27' x Plug
 DISPLACEMENT 6.49 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Establish pump rate: Mix + Pump 1/2 gal @ HE-100 Polymer, Circulate to condition hole. Mix + Pump 100 gal Flush. Mix + Pump 79 sks 50/50 Poz Mix Cement. 270 gal 5% Salt 5th Kol Seal /sk. Cement to surface. Flush pump + lines clean. Displace 4 1/2" Rubber plug to Baffle in casing. Pressure to 700# PSI. Release pressure to set float valve. Shut in casing.

T.O.S. Drilling (Wes) Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	45 mi	MILEAGE	495	180 ⁰⁰
5402	438'	Casing footage		M/K
5407	Minimum	Ton Miles	503	358 ⁰⁰
5502C	3 hrs	80 BBL Vac Truck	369	270 ⁰⁰
1124	79 sks	50/50 Poz Mix Cement		865 ⁰⁵
118B	233 #	Premium Gel		48 ⁹³
111	253 #	Carinalated Salt		56 ⁶¹
110A	395 #	Kol Seal		181 ²⁰
4404	1	4 1/2 Rubber Plug		45 ⁰⁰
1401	1/2 Gal	HE-100 Polymer.		23 ⁶³
				92.17
				7.55%
SALES TAX				
ESTIMATED TOTAL				3743 ⁰⁹

Completed

AUTHORIZATION Wesley Dillard TITLE 249596 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