



KANSAS CORPORATION COMMISSION 1096168
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: _____



1096168

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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Core		
		166
3	Sand	169
13	Sandy Shale	182
3	Shale	185
		372
6	Sand	378
5	Sand	383
8	Sand	391

Gairberg Farm: Miami County

KS State; Well No. A-11

Elevation 820

Commenced Spuding April 16 2012

Finished Drilling May 2 2012

Driller's Name Wesley Dollard

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Brandon Stone

Tool Dresser's Name Colt Stone

Tool Dresser's Name _____

Contractor's Name TOS

4 19 24

(Section) S (Township) _____ (Range) _____
Distance from _____ line, 4455 ft.

Distance from E line, 3085 ft.

3 sacks
2 cores
8 hrs

**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 _____
2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
447.	3	Baffle			
475.	3	Float			
					4 1/2

Thickness of Strata	Formation	Total Depth	Remarks
0-16	soil-clay	16	
146	shale	162	
3	sand	165	
1	sand	166	good oil - perf
19	core	185	
2	sandy shale	187	
10	lime	197	
5	shale	202	
4	lime	206	
8	shale	214	
4	lime	218	
12	shale	230	
7	lime	237	
16	shale	253	
3	lime	256	
13	shale	269	
26	lime	295	
5	shale	300	
3	lime	303	
64	shale	367	
2	sand	369	no oil
2	shale	371	
1	sand	372	5% oil
19	core	391	
18	sand	409	good oil - perf
41	shale	450	
23	sand	473	

Core

Thickness of Strata	Formation	Total Depth	Remarks
		166	
3	sand	169	solid O.I. - perf
13	sandy shale	182	no O.I.
3	shale	185	
	Core		
		372	
6	sand	378	no O.I.
5	sand	383	20% O.I. - perf > good
8	sand	391	solid O.I. - perf > good



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 # **249576**

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-11
39706
4-19-24
05-02-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	76.00	10.9500	832.20
1118B	PREMIUM GEL / BENTONITE	228.00	.2100	47.88
1111	SODIUM CHLORIDE (GRANULA	147.00	.3700	54.39
1110A	KOL SEAL (50# BAG)	380.00	.4600	174.80
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	475.00	.00	.00
503 MIN. BULK DELIVERY	1.00	350.00	350.00
675 80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00

Parts: 1177.90 Freight: .00 Tax: 88.93 AR 3076.83
 Labor: .00 Misc: .00 Total: 3076.83
 Subt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 39706

LOCATION Ottawa

FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-2-12	2355	Garberg A-11	NW 4	19	24	Mi
CUSTOMER <u>DE Exploration</u>						
MAILING ADDRESS <u>P.O. Box 128</u>						
CITY <u>Wellsville</u>		STATE <u>KS</u>	ZIP CODE <u>66092</u>			
TRUCK #	DRIVER	TRUCK #	DRIVER			
516	Alan M Saffert		Meat			
368	Arlen M AMM					
675	Keith Det KD					
303	Dan Gar DG					

JOB TYPE long string HOLE SIZE 6 3/4 HOLE DEPTH 500 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 475 DRILL PIPE _____ TUBING _____ OTHER baffle 447
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT _____ DISPLACEMENT PSI 600 MIX PSI 200 RATE 46 pm

REMARKS: Held crew meet Established rate. Mixed & pumped 1/2 gal polymer followed by 100# gel. Mixed & pumped 76 sk 50/50 cement plus 5# Kolseal, 5% salt, 2% gel per sack. Circulated cement. Flushed pump. Pumped Plug to baffle. Well held 800 PSI. Set float. Closed valves.

TDS, Wes

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1030.00
3406	475	MILEAGE	368	162.00
5422	475	Casing footage	368	
5407	min	ton miles	503	350.00
3302C	3	80 gal	670	270.00
1124	76 sk	50/50 cement.		882.20
1118B	228#	gel		47.88
1111	147#	salt		54.39
1110A	380#	Kolseal		174.80
1401	1/2 gal	polymer		23.63
4404	1	1/2 plug		48.00

CONSOLIDATED

Ravin 3737 no company rep 249576 7.53 SALES TAX ESTIMATED TOTAL 3076.85
 AUTHORIZATION Jim OK 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.