



KANSAS CORPORATION COMMISSION 1096170
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: _____



1096170

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Core		
		178
2	Sand	180
5	Sand	185
1	Sand	186
4	Sand	190
5	Sand	195
	Lime	
		364
3	Sand	367
2	Broken Sand	369
6	Sand	375
2	Broken Sand	377
3	Sand	380
2	Broken Sand	382

Garberg Farm: Miami County

KS State; Well No. A-12

Elevation 817

Commenced Spuding April 13 20 12

Finished Drilling April 16 20 12

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, 4455 ft.

Distance from E line, 2425 ft.

3 sacks

2 cores

8 hrs

CASING AND TUBING RECORD

10" Set Pulled

8 3/4" Set 21 Pulled

6 1/4" Set Pulled

4" Set Pulled

2" Set Pulled

CASING AND TUBING MEASUREMENTS

Table with 6 columns: Feet, In., Feet, In., Feet, In. Handwritten entries include '418 Baffle', '446 float', and '41/2'.

Thickness of Strata	Formation	Total Depth	Remarks
0-16	soil-clay	16	
142	shale	158	
4	Lime	162	
14	shale	176	
1	sand	177	no O.I
1	sand	178	O.I - perf
19	core	197	
2	Lime	199	
7	shale	206	
6	Lime	212	
9	shale	221	
9	Lime	230	
14	shale	244	
4	Lime	248	
6	shale	254	
6	sand	260	no show
6	shale	266	
17	Lime	283	
9	shale	292	
3	Lime	295	
16	shale	311	
5	Lime	316	
43	shale	359	
2	sand	361	grey no O.I
2	shale	363	
1	sand	364	solid O.I - perf
18	core	382	

382

Thickness of Strata	Formation	Total Depth	Remarks
1	sand	383	50% oil - perf
53	shale	426	
14	sand	440	grey - no oil
40	shale	480	TD

Thickness of Strata	Formation	Total Depth	Remarks
	core		
0.5	Sand	176	no oil
2	sand	180	no Oil
5	sand	185	30% Oil - perf
1	sand	186	no Oil
4	sand	190	50% Oil } Perf
5	sand	195	solid Oil } Perf
	Lime		
	core		
		364	
	3 sand	367	solid Oil
	2 broken sand	369	oil
4 Perf	6 sand	375	solid Oil
	2 broken sand	377	oil
	3 sand	380	solid Oil
	2 broken sand	382	



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 # 249140

Invoice Date: 04/18/2012 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-12
36649
4-19-24
04-16-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	77.00	10.9500	843.15
1118B	PREMIUM GEL / BENTONITE	229.00	.2100	48.09
1111	SODIUM CHLORIDE (GRANULA	149.00	.3700	55.13
1110A	KOL SEAL (50# BAG)	385.00	.4600	177.10
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	3.00	120.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
510 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1192.10 Freight: .00 Tax: 90.00 AR 2962.10
 Labor: .00 Misc: .00 Total: 2962.10
 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 36649

LOCATION Ottawa

FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/16/12	2335	Garberg #A-12	NW 4	19	24	MI
CUSTOMER DE Exploration			TRUCK #			
MAILING ADDRESS P.O. Box 128			DRIVER			
CITY Wellsville			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66092			TRUCK #			
			DRIVER			

JOB TYPE log string HOLE SIZE 6 3/4 HOLE DEPTH 100 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 446 DRILL PIPE _____ TUBING _____ OTHER 417 baffle
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 6 1/2 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held crew meet. Established rate. Mixed & pumped 1/2 gal polymer followed by 100# gel. Mixed & pumped 1/2 bbl dye marker followed by 77 sk 50150 cement plus 5# Kolseal, 5% salt, 2% gel per gal. Circulated dye. Flushed pump. Pumped plug to baffle. Circulated 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		120.00
5402	446'	casing footage		
5407	mi	ten miles		350.00
5502C	2	80 vac		180.00
1124	77 sk	50150 cement		843.15
11183	229 #	gel		48.09
1111	149 #	salt		55.13
1110A	385 #	Kolseal		177.10
1401	1/2 gal	polymer		23.63
4404	1	4 1/2 plug		45.00
			SALES TAX	90.00
			ESTIMATED TOTAL	2962.10

Ravin 9737

NO company rep

249140

AUTHORIZATION Jim Okid

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