



KANSAS CORPORATION COMMISSION 1096173  
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: \_\_\_\_\_



1096173

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Garberg farm: Miami County  
KS State; Well No. A-13

Elevation 823

Commenced Spudding May 9 2012

Finished Drilling May 10 2012

Driller's Name Wesley Ballard

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) (Township) (Range)

Distance from S line, 5115 ft.

Distance from E line, 3085 ft.

3 sacks

1 core

7 hrs

### CASING AND TUBING RECORD

10" Set \_\_\_\_\_ 10" Pulled \_\_\_\_\_

5/6  
8" Set 21 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.
<u>422</u>	<u>2</u>	<u>Baffle</u>	<u>-</u>		
<u>452</u>		<u>Float</u>		<u>4 1/2</u>	<u>2</u>

Thickness of Strata	Formation	Total Depth	Remarks
0-20	Soil-clay	20	
157	Shale	177	
9	lime & sand	186	no Oil
17	sandy shale	203	no Oil
5	sand	208	no Oil
4	shale	212	
5	Lime	217	
6	shale	223	
4	Lime	227	
10	shale	237	
8	Lime	245	
16	shale	261	
4	Lime	265	
12	shale	277	
3	sandy shale	280	
18	Lime	298	
9	shale	307	
3	Lime	310	
65	shale	375	
4	sandy shale	379	
1	sand	380	50% good Oil - perf
18	core	398	
42	shale	440	
22	sand	462	no Oil
18	shale	480	TD







**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 # 249715

Invoice Date: 05/11/2012 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-13  
39728  
4-19-24  
05-10-2012  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	80.00	10.9500	876.00
1118B	PREMIUM GEL / BENTONITE	235.00	.2100	49.35
1111	SODIUM CHLORIDE (GRANULA	155.00	.3700	57.35
1110A	KOL SEAL (50# BAG)	400.00	.4600	184.00
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)	2.00	90.00	180.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.00	180.00
495 CASING FOOTAGE	452.00	.00	.00
503 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1235.33 Freight: .00 Tax: 93.27 AR 3068.60  
Labor: .00 Misc: .00 Total: 3068.60  
Subt: .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 39728

LOCATION Offawa KS

FOREMAN Fred Maden

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/10/12	2355	Garberg #A-13	NW 4	19	24	ML
CUSTOMER D E Exploration			TRUCK# DRIVER TRUCK# DRIVER			
MAILING ADDRESS P. O. Box 128			506	FREMAD	Safety Mtg	
CITY STATE ZIP CODE Wellsville KS 66092			495	HARBEC	HB	
			369	DERMAS	DM	
			503	RYASIN	RS	

JOB TYPE Long string HOLE SIZE 6 3/4 HOLE DEPTH 480 CASING SIZE & WEIGHT 4 1/2  
 CASING DEPTH 452 DRILL PIPE Baffle @ TUBING 422 OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 36' + Plug  
 DISPLACEMENT 6.7 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 50 BPM

REMARKS: Establish pump rate. Mix + Pump 100 # Gal Flush. Mix Pump  
 1/2 Gal HE-100 Polymer Flush. Circulate to condition hole.  
 Mix + Pump 80 sks 50/50 Poz Mix Cement. 270 Gal 5% Salt  
 5# K01 Seal/SK. Cement to surface. Flush pump + lines clean.  
 Displace 4 1/2" Rubber plug to Baffle. Pressure to 700 # PSI  
 Release pressure to set float valve. Shut in casing.

TOS Drilling (was)

Fred Maden

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	452'	Casing Footage		N/C
5407	Minimum	Ten Miles	503	350.00
5502C	2 hrs	80 BBL Vac Truck	369	780.00
1124	80 sks	50/50 Poz Mix Cement		876.00
1118B	235 #	Premium Gal		49.35
661	155 #	Granulated Salt		57.35
1110A	400 #	K01 Seal		184.00
4404	1	4 1/2" Rubber Plug		45.00
1401	1/2 Gal	HE-100 Polymer		23.63

**SCANNED**

**Completed**

Ravin 9797  
 AUTHORIZATION \_\_\_\_\_ TITLE 249715  
 SALES TAX 7.55% ESTIMATED TOTAL 83.21  
 DATE 8/30/12

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.