

KANSAS CORPORATION COMMISSION 1090967  
OIL & GAS CONSERVATION DIVISION  
**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1  
June 2009  
Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

OPERATOR: License # 4567  
Name: D. E. Exploration, Inc.  
Address 1: PO BOX 128  
Address 2: \_\_\_\_\_  
City: WELLSVILLE State: KS Zip: 66092 + 0128  
Contact Person: Phil Frick  
Phone: ( 785 ) 883-4057  
CONTRACTOR: License # 33715  
Name: Town Oilfield Service  
Wellsite Geologist: None  
Purchaser: \_\_\_\_\_

Designate Type of Completion:

- ☒ New Well    ☐ Re-Entry    ☐ Workover
- ☐ Oil    ☐ WSW    ☐ SWD    ☐ SLOW  
☐ 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 #: \_\_\_\_\_

|                                   |                 |                                         |
|-----------------------------------|-----------------|-----------------------------------------|
| 06/29/2012                        | 07/02/2012      | 07/02/2012                              |
| Spud Date or<br>Recompletion Date | Date Reached TD | Completion Date or<br>Recompletion Date |

API No. 15 - 15-121-29194-00-00

Spot Description: \_\_\_\_\_  
SW NE NE NW Sec. 4 Twp. 19 S. R. 24 ☒ East ☐ West  
4740 Feet from ☐ North / ☒ South Line of Section  
3085 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE    ☐ NW    ☒ SE    ☐ SW

County: Miami

Lease Name: Garberg Well #: AI-109

Field Name: BLACK

Producing Formation: WAYSIDE

Elevation: Ground: 817 Kelly Bushing: 817

Total Depth: 279 Plug Back Total Depth: 218

Amount of Surface Pipe Set and Cemented at: 21 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: 247  
feet depth to: 0 w/ 36 sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 20 bbls

Dewatering method used: Evaporated

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: Deanna Gerrico Date: 08/22/2012



1090967

Operator Name: D. E. Exploration, Inc. Lease Name: Garberg Well #: AI-109  
 Sec. 4 Twp. 19 S. R. 24 ☒ East ☐ West County: Miami

**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 checked="" type="checkbox"/> No<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(If no, Submit Copy)</i><br><br>List All E. Logs Run:<br><br>Gamma Ray/Neutron/CCL | <input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br><table style="width: 100%;"> <tr> <td style="width: 50%;">Name</td> <td style="width: 25%;">Top</td> <td style="width: 25%;">Datum</td> </tr> <tr> <td>WAYSIDE</td> <td>170</td> <td>+647</td> </tr> </table> | Name  | Top | Datum | WAYSIDE | 170 | +647 |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Top                                                                                                                                                                                                                                                                                                                           | Datum |     |       |         |     |      |
| WAYSIDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 170                                                                                                                                                                                                                                                                                                                           | +647  |     |       |         |     |      |

| CASING RECORD <input type="checkbox"/> New <input checked="" 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 |
| SURFACE                                                                             | 9.875             | 7                         | 20                | 21            | PORTLAND       | 3            | NA                         |
| PRODUCTION                                                                          | 5.625             | 2.875                     | 6                 | 247           | 50/50 POZ      | 36           | SEE TICKET                 |
|                                                                                     |                   |                           |                   |               |                |              |                            |

| 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<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br>(Amount and Kind of Material Used) | Depth |
|----------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------|
| 3              | 170-180 - 31 PERFS - 2" DML RTG                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |

|                                                 |           |                                                                                                                                                                         |             |               |                                                                     |
|-------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|---------------------------------------------------------------------|
| TUBING RECORD:                                  |           | Size:                                                                                                                                                                   | Set At:     | Packer At:    | Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date of First, Resumed Production, SWD or ENHR. |           | Producing Method:<br><input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____ |             |               |                                                                     |
| Estimated Production Per 24 Hours               | Oil Bbls. | Gas Mcf                                                                                                                                                                 | Water Bbls. | Gas-Oil Ratio | Gravity                                                             |

|                                                                                                                                                                   |                                                                                                                                                                                                                                                                           |                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| DISPOSITION OF GAS:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5) (Submit ACO-4)</i><br><input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL:<br>_____<br>_____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|

**Town Oilfield Service, Inc.**  
(913) 837-8400

Commenced Spudding:  
6/29/2012

# WELL LOG

[illegible]

# Short Cuts

## TANK CAPACITY

BBLS. (42 gal.) equals  $D^2 \times .14 \times h$

D equals diameter in feet.

h equals height in feet.

## BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals BPH x PSI x .0004

BPH - barrels per hour

PSI - pounds square inch

## TO FIGURE PUMP DRIVES

\* D - Diameter of Pump Sheave

\* d - Diameter of Engine Sheave

SPM - Strokes per minute

RPM - Engine Speed

R - Gear Box Ratio

\*C - Shaft Center Distance

D -  $RPM \times d$  over  $SPM \times R$

d -  $SPM \times R \times D$  over RPM

SPM -  $RPM \times D$  over  $R \times d$

R -  $RPM \times D$  over  $SPM \times d$

$$BELT LENGTH - 2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$$

\* Need these to figure belt length

$$TO FIGURE AMPS: \frac{WATTS}{VOLTS} = AMPS$$

746 WATTS equal 1 HP

# Log Book

Well No. A1-109

Farm Beaumont

KS McPherson  
(State) (County)

4 19 24  
(Section) (Township) (Range)

For D. J. Exploration Co.  
(Well Owner)

## Town Oilfield Services, Inc.

1207 N. 1st East  
Louisburg, KS 66053  
913-710-5400

Chamberlain Farm: W. W. W. County

K5 State; Well No. 171-109

Elevation 815

Commenced Spuding 6-29 2012

Finished Drilling 7-2 2012

Driller's Name Chad Wilson

Driller's Name \_\_\_\_\_

Driller's Name \_\_\_\_\_

Tool Dresser's Name Brandon Stone

**Tool Dresser's Name** \_\_\_\_\_

**Tool Dresser's Name** \_\_\_\_\_

Contractor's Name ios

4                      19                      24

(Section)                      (Township)                      (Range)

Distance from S line, 4815 ft.

Distance from E line, 3085 ft.

9978 - 9983 5 hrs

5-sack

## CASING AND TUBING RECORD

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

Set 21 8" Pulled           

6 1/4" Set \_\_\_\_\_ 6 1/4" Pulled \_\_\_\_\_

4" Set \_\_\_\_\_ 4" Pulled \_\_\_\_\_

27/6 Sat 246.4 2" Pulled \_\_\_\_\_

218.1 BCCI/O

279 TD

## CASING AND TUBING MEASUREMENTS

[illegible]





**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 # 251103

Invoice Date: 07/11/2012 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 AI-109  
37354  
4-19-24  
07-02-2012  
KS

| Part Number | Description              | Qty    | Unit Price | Total  |
|-------------|--------------------------|--------|------------|--------|
| 1124        | 50/50 POZ CEMENT MIX     | 36.00  | 10.9500    | 394.20 |
| 1118B       | PREMIUM GEL / BENTONITE  | 160.00 | .2100      | 33.60  |
| 1111        | SODIUM CHLORIDE (GRANULA | 70.00  | .3700      | 25.90  |
| 1110A       | KOL SEAL (50# BAG)       | 180.00 | .4600      | 82.80  |
| 1401        | HE 100 POLYMER           | .50    | 47.2500    | 23.63  |
| 4402        | 2 1/2" RUBBER PLUG       | 1.00   | 28.0000    | 28.00  |

| 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               | 246.00 | .00        | .00     |
| 370 80 BBL VACUUM TRUCK (CEMENT) | 2.50   | 90.00      | 225.00  |
| 510 MIN. BULK DELIVERY           | 1.00   | 350.00     | 350.00  |

Parts: 588.13 Freight: .00 Tax: 44.40 AR 2397.53  
Labor: .00 Misc: .00 Total: 2397.53  
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



**FIELD TICKET & TREATMENT REPORT**

FOREMAN Alan Mader

| CEMENT                               |            |                    |                   |                                          |          |         |        |
|--------------------------------------|------------|--------------------|-------------------|------------------------------------------|----------|---------|--------|
| DATE                                 | CUSTOMER # | WELL NAME & NUMBER |                   | SECTION                                  | TOWNSHIP | RANGE   | COUNTY |
| 7-2-12                               | 2355       | Garber AT-109      |                   | NW 4                                     | 19       | 24      | Mi.    |
| CUSTOMER<br>D.E. Exploration         |            |                    |                   | <del>TRUCK # DRIVER TRUCK # DRIVER</del> |          |         |        |
| MAILING ADDRESS<br>P.O. Box 128      |            |                    |                   | TRUCK # DRIVER TRUCK # DRIVER            |          |         |        |
| CITY<br>Wellsville                   |            | STATE<br>KS        | ZIP CODE<br>66092 | 516                                      | Ala Mad  | Sg Fe X | Meat   |
| JOB TYPE Long string HOLE SIZE 5 5/8 |            |                    |                   | 368                                      | Ala Mad  | Abbl    |        |
|                                      |            |                    |                   | 370                                      | Ker Car  | KC      |        |
|                                      |            |                    |                   | 510                                      | Aya Sin  | RS      |        |

|               |                    |                  |              |              |             |                       |                   |
|---------------|--------------------|------------------|--------------|--------------|-------------|-----------------------|-------------------|
| JOB TYPE      | <u>Long String</u> | HOLE SIZE        | <u>5 5/8</u> | HOLE DEPTH   | <u>2927</u> | CASING SIZE & WEIGHT  | <u>2 7/8</u>      |
| CASING DEPTH  | <u>2416</u>        | DRILL PIPE       |              | TUBING       |             | OTHER                 | <u>Barite 218</u> |
| SLURRY WEIGHT |                    | SLURRY VOL       |              | WATER gal/sk |             | CEMENT LEFT In CASING | <u>yes</u>        |
| DISPLACEMENT  | <u>1.25</u>        | DISPLACEMENT PSI | <u>800</u>   | MIX PSI      | <u>200</u>  | RATE                  | <u>4 bpm</u>      |
| REMARKS:      | <u>Established</u> |                  |              |              |             |                       |                   |

REMARKS: Established rate. Mixed & pumped 1/2 gal polymer followed by 100# gel. Mixed & pumped 36 sk 50/50 cement plus 5# Kolseal 5% salt 2# gel. Circulated cement. Flushed pump. Pumped plug to baffle well held 800 PSI. Set float. Closed valve.

TOS. Chap

Adam Moad

[illegible]

Rev. 3732

## 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.