

KANSAS CORPORATION COMMISSION 1090885
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 ☐ 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 #: _____

<u>07/05/2012</u>	<u>07/06/2012</u>	<u>07/06/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-29190-00-00
Spot Description: _____
SW SW NW NE Sec. 4 Twp. 19 S. R. 24 ☒ East ☐ West
4155 Feet from ☐ North / ☒ South Line of Section
2425 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-102
Field Name: _____
Producing Formation: Wayside
Elevation: Ground: 817 Kelly Bushing: 817
Total Depth: 279 Plug Back Total Depth: 220
Amount of Surface Pipe Set and Cemented at: 47 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 250
feet depth to: 0 w/ 43 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 Garbar Date: 08/22/2012



1090885

Operator Name: D. E. Exploration, Inc. Lease Name: Garberg Well #: AI-102
 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 (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If no, Submit Copy) List All E. Logs Run: Gamma Ray/Neutron/CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <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>178</td> <td>+639</td> </tr> </table>	Name	Top	Datum	Wayside	178	+639
Name	Top	Datum					
Wayside	178	+639					

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	47	Portland	5	NA
Production	5.625	2.875	6	250	50/50 Poz	43	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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
3	178-197 - 59 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: <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: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Commenced Spudding:
7/5/2012

[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. AI-102

Farm Gambier

KS Miami
(State) (County)

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

For NE Exploration
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Eatonburg Farm: Miami County

KS State; Well No. A-102

Elevation 517

Commenced Spuding 7-5 2017

Finished Drilling 7-6, 20 12

Driller's Name Chad Weaver

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Wendy Stone

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TOS

4 19 24

(Section) (Township) (Range)

Distance from S line. 4155 ft.

Distance from III line, 24 20' ft.

9987 - 1094 - 7hrs

5 - sacks

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

Set 147.3 8" Pulled

6 1/4" Set _____ 6 1/4" Pulled _____

4" Set _____ 4" Pulled _____

27/8 Set ASC 2" Pulled

274 TO

CASING AND TUBING MEASUREMENTS

[illegible]

Thickness of Strata	Formation	Total Depth	Remarks
24	soil/clay	24	water
136	shale	160	some lime veins
4	sand	164	
6	shale	170	
6	red bed	176	
2	shale	178	
9	sand	187	10% o.i. slight bleed
2	sandy lime	189	solid ok bleed
4	sandy lime	193	5% - 10%
4	sandy lime	197	50%
11	shale	208	
3	lime	211	
11	shale	222	
8	lime	230	
15	shale	245	
5	lime	250	
7	shale	257	
3	sand	260	odon, 5% - 10% o.i. very slight bleed
5	shale	265	
11	lime	276	
3	shale	279	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 # 251128

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-102
37340
4-19-24
07-06-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	43.00	10.9500	470.85
1118B	PREMIUM GEL / BENTONITE	172.00	.2100	36.12
1111	SODIUM CHLORIDE (GRANULA	90.00	.3700	33.30
1110A	KOL SEAL (50# BAG)	215.00	.4600	98.90
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
495	CEMENT PUMP	1.00	1030.00	1030.00
495	EQUIPMENT MILEAGE (ONE WAY)	45.00	4.00	180.00
495	CASING FOOTAGE	250.00	.00	.00
503	MIN. BULK DELIVERY	1.00	350.00	350.00
675	80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00

Parts:	690.80	Freight:	.00	Tax:	52.15	AR	2527.95
Labor:	.00	Misc:	.00	Total:	2527.95		
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
ON Web Services, LLC

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

TICKET NUMBER 37340
LOCATION Ottawa, KS
FOREMAN Carey Kennedy

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/6/12	2355	Garberg # AI-102	NW 4	19	24	MI
CUSTOMER DE Exploration						
MAILING ADDRESS PO Box 128						
CITY Wallsville	STATE KS	ZIP CODE 66092				

TRUCK #	DRIVER	TRUCK #	DRIVER
481	Cooker	CK	
495	Harbec	AB	
675	Ker Det	KD	
503	Gar Moo	GN	

WELL NAME	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT
JOB TYPE	DRILL PIPE	TUBING	OTHER
CASING DEPTH	SLURRY VOL	WATER gal/sk	CEMENT LEFT In CASING
SLURRY WEIGHT	DISPLACEMENT PSI	MIX PSI	RATE
DISPLACEMENT			

REMARKS: held safety meeting, established circulation, mixed + pumped 1/2 gal HE-100 Polymer, mixed + pumped 100 # Premium Gel, circulated to condition hole, mixed + pumped 43 sks 5750 Permox cement w/ 270 gal, 5% salt, + 5 # Kolseal per sk, cement to surface, flushed pump clean, pumped 3 1/2" rubber plug to baffle w/ 1.28 bbs fresh water, pressured to 800 PSI, released pressure, shut in casing.

[illegible]

Box 3237

AUTHORIZATION No Cir. Rep. on location TITLE

25/128

SALES TAX	52.16
ESTIMATED TOTAL	257.95

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: