



KANSAS CORPORATION COMMISSION 1096149  
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 # 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>04/09/2012</u>	<u>04/10/2012</u>	<u>04/10/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-29039-00-00

Spot Description: \_\_\_\_\_

NW SW SW NE Sec. 4 Twp. 19 S. R. 24  East  West  
3135 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 #: A-8

Field Name: BLACK

Producing Formation: WAYSIDE, SQUIRREL

Elevation: Ground: 809 Kelly Bushing: 809

Total Depth: 480 Plug Back Total Depth: 417

Amount of Surface Pipe Set and Cemented at: 22 Feet

Multiple Stage Cementing Collar Used?  Yes  No

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

If Alternate II completion, cement circulated from: 417

feet depth to: 0 w/ 78 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 Garriso Date: 10/11/2012



1096149

Operator Name: D. E. Exploration, Inc. Lease Name: Garberg Well #: A-8  
 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 <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input checked="" type="checkbox"/> Yes <input 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 <i>(If no, Submit Copy)</i>  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%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>WAYSIDE</td> <td>162</td> <td>+647</td> </tr> <tr> <td>SQUIRREL</td> <td>342</td> <td>+467</td> </tr> </table>	Name	Top	Datum	WAYSIDE	162	+647	SQUIRREL	342	+467
Name	Top	Datum								
WAYSIDE	162	+647								
SQUIRREL	342	+467								

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	12.25	8.625	25	22	PORTLAND	2	NA
PRODUCTION	6.75	4.5	10	417	50/50 POZ	78	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 <i>(Amount and Kind of Material Used)</i>	Depth
3	162-176 - 44 PERFS - 3.375" DP 23 GR. ECG		
3	342-352 - 31 PERFS - 3.375" DP 23 GR. ECG		

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. <u>07/17/2012</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____	
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 <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" 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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Garberg Farm: Miami County

KS State: Well No. A-8

Elevation 809

Commenced Spuding April 9 2012

Finished Drilling April 10 2012

Driller's Name Wesley Dollar

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 3135 ft.

Distance from E line 2425 ft.

2 cores

9.5 hrs

2 sacks

CASING AND TUBING RECORD

10" Set 5/8 22 10" Pulled
8" Set 8" Pulled
6 1/2" Set 6 1/2" Pulled
4" Set 4" Pulled
2" Set 2" Pulled

CASING AND TUBING MEASUREMENTS

Table with 6 columns: Feet, In., Feet, In., Feet, In. Handwritten entries: 417.4, float, 4 1/2

Thickness of Strata	Formation	Total Depth	Remarks
0-20	soil-clay	20	
122	shale	142	
3	Lime	145	
11	shale	156	
6	sand	162	no Oil
1	sand	163	Oil
16	core	179	
3	Lime	182	
6	shale	188	
3	Lime	191	
14	shale	205	
8	Lime	213	
14	shale	227	
4	Lime	231	
5	shale	236	
7	sand	243	
5	shale	248	
18	Lime	266	
9	shale	275	
2	Lime	277	
18	shale	295	
3	Lime	298	
45	shale	343	
12	core	355	
39	shale	394	
1	Lime	395	
10	shale	405	









**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 # 248990

Invoice Date: 04/13/2012 Terms:

Page 1

D.E. EXPLORATION  
DOUG EVANS  
P.O. BOX 128  
WELLSVILLE KS 66092  
(785) 883-4057

GARBERG A-8  
36606  
NW 4 19 24 MI  
4/10/12  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	78.00	10.9500	854.10
1118B	PREMIUM GEL / BENTONITE	231.00	.2100	48.51
1111	SODIUM CHLORIDE (GRANULA	151.00	.3700	55.87
1110A	KOL SEAL (50# BAG)	390.00	.4600	179.40
1401	HE 100 POLYMER	.50	47.2500	23.63
4404	4 1/2" RUBBER PLUG	1.00	45.0000	45.00
4236	4 1/2" ALUMINUM BAFFLE P	1.00	57.0000	57.00

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	417.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
503 MIN. BULK DELIVERY	1.00	350.00	350.00

=====  
Parts: 1263.51 Freight: .00 Tax: 95.38 AR 3123.89  
Labor: .00 Misc: .00 Total: 3123.89  
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

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

TICKET NUMBER 36606  
LOCATION Ottawa  
FOREMAN Alan Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-10-12	2355	Garberg A-8	NW 4	19	24	M:
CUSTOMER D.E. Exploration			TRUCK #			
MAILING ADDRESS P.O. Box 126			DRIVER			
CITY Wellsville			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66092			TRUCK #			
			DRIVER			

JOB TYPE long string HOLE SIZE 6 3/4 HOLE DEPTH 480 CASING SIZE & WEIGHT 4 1/2  
CASING DEPTH 417 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING yes  
DISPLACEMENT 6.5 DISPLACEMENT PSI 800 MIX PSI 200 RATE 46 ppm

REMARKS: Held crew meet. Established rate. Mixed & pumped 100# gel followed by 1/2 gal polymer. Mixed & pumped 1 1/2 barrel dye marker followed by 78 sk 50/50 cement plus 5# Kolseal 5% salt & 2% gel. Circulated dye. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float, closed valve. Circulated 567 cement.

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		160.00
5402	417	Casing footage		
5407	min	ton miles		350.00
5502C	2 1/2	80 vac		225.00
4124	78 sk	50/50 cement		854.10
11183	231 #	gel		48.51
1111	151 #	salt		55.87
1110A	390 #	Kolseal		179.40
11101	1/2 gal	polymer		23.63
11104	1	4 1/2 plug		40.00
4236	1	4 1/2 bottle plate		57.00
<u>2489.90</u>				

Ravin 9737

no company rep

SALES TAX ESTIMATED TOTAL 95.38  
3123.89

AUTHORIZATION Jim Oksd 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.