



KANSAS CORPORATION COMMISSION 1096148
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 #: _____
04/05/2012 04/06/2012 04/06/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-121-29038-00-00

Spot Description: _____
NW SE SE NW Sec. 4 Twp. 19 S. R. 24 East West
3135 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 #: A-7
Field Name: BLACK

Producing Formation: SQUIRREL
Elevation: Ground: 816 Kelly Bushing: 816
Total Depth: 480 Plug Back Total Depth: 420
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: 453
feet depth to: 0 w/ 84 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



1096148

Operator Name: D. E. Exploration, Inc. Lease Name: Garberg Well #: A-7
 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>SQUIRREL</td> <td>357</td> <td>+459</td> </tr> </table> | Name | Top | Datum | SQUIRREL | 357 | +459 |
| Name | Top | Datum | | | | | |
| SQUIRREL | 357 | +459 | | | | | |

| 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 | 453 | 50/50 POZ | 84 | SEE TICKET |
| | | | | | | | |

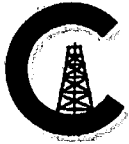
| ADDITIONAL CEMENTING / SQUEEZE RECORD | | | | |
|---------------------------------------|------------------|----------------|--------------|----------------------------|
| Purpose: | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| — Perforate | | | | |
| — Protect 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 | 357-363 - 19 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. 07/17/2012 | | Producing Method: <input type="checkbox"/> Flowing <input checked="" 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 <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 (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|--|---|---|

| Thickness of Strata | Formation | Total Depth | Remarks |
|---------------------|--------------|-------------|----------------|
| 0-25 | soil-clay | 25 | |
| 127 | shale | 152 | |
| 8 | shale & lime | 160 | |
| 18 | shale | 178 | |
| 13 | red bed | 191 | |
| 3 | shale | 194 | |
| 5 | lime | 199 | |
| 13 | shale | 212 | |
| 3 | lime | 215 | |
| 5 | shale | 220 | |
| 8 | lime | 228 | |
| 15 | shale | 243 | |
| 4 | lime | 247 | |
| 5 | shale | 252 | |
| 6 | sand | 258 | color. no show |
| 5 | shale | 263 | |
| 17 | lime | 280 | |
| 10 | shale | 290 | |
| 2 | lime | 292 | |
| 18 | shale | 310 | |
| 3 | lime | 313 | |
| 44 | shale | 357 | |
| 1 | sand | 358 | good Oil part |
| 18 | core | 376 | |
| 33 | shale | 409 | |
| 1 | lime | 410 | |
| 10 | shale | 420 | |



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 # 248948

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Invoice Date: 04/11/2012 Terms: Page 1

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

GARBERG A-7
36473
NW 4 19 24 MI
4/6/12
KS

| Part Number | Description | Qty | Unit Price | Total |
|-------------|--------------------------|--------|------------|--------|
| 1124 | 50/50 POZ CEMENT MIX | 84.00 | 10.9500 | 919.80 |
| 1118B | PREMIUM GEL / BENTONITE | 241.00 | .2100 | 50.61 |
| 1111 | SODIUM CHLORIDE (GRANULA | 176.00 | .3700 | 65.12 |
| 1110A | KOL SEAL (50# BAG) | 420.00 | .4600 | 193.20 |
| 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 |
|---------------------------------|--------|------------|---------|
| 369 80 BBL VACUUM TRUCK | 2.00 | 90.00 | 180.00 |
| 495 CEMENT PUMP | 1.00 | 1030.00 | 1030.00 |
| 495 EQUIPMENT MILEAGE (ONE WAY) | 40.00 | 4.00 | 160.00 |
| 495 CASING FOOTAGE | 453.00 | .00 | .00 |
| 548 MIN. BULK DELIVERY | 1.00 | 350.00 | 350.00 |

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| | | | | | | | |
|--------|---------|-----------|-----|---------|---------|----|---------|
| Parts: | 1297.36 | Freight: | .00 | Tax: | 97.95 | AR | 3115.31 |
| Labor: | .00 | Misc: | .00 | Total: | 3115.31 | | |
| Sublt: | .00 | Supplies: | .00 | Change: | .00 | | |

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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

