



KANSAS CORPORATION COMMISSION 1096109
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 #: _____
04/02/2012 04/04/2012 04/04/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-121-29032-00-00

Spot Description: _____
SE SE NE NW Sec. 4 Twp. 19 S. R. 24 East West
4125 Feet from North / South Line of Section
2755 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-1
Field Name: BLACK

Producing Formation: WAYSIDE, SQUIRREL
Elevation: Ground: 817 Kelly Bushing: 817
Total Depth: 460 Plug Back Total Depth: 415
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: 447
feet depth to: 0 w/ 75 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 Garrison Date: 10/11/2012



1096109

Operator Name: D. E. Exploration, Inc. Lease Name: Garberg Well #: A-1
 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>176</td> <td>+641</td> </tr> <tr> <td>SQUIRREL</td> <td>360</td> <td>+457</td> </tr> </table>	Name	Top	Datum	WAYSIDE	176	+641	SQUIRREL	360	+457
Name	Top	Datum								
WAYSIDE	176	+641								
SQUIRREL	360	+457								

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	4	NA
PRODUCTION	6.75	4.5	10	447	50/50 POZ	75	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	176-190 - 44 PERFS - 2" DML RTG		
3	360-374 - 44 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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Core		
		164
4	Sand	168
9	Sandy Shale	177
2	Sand-Perf	179
		179
10	Sand- Perf	189
2	Shale	191
3	Lime	194
		361
1	Sand	362
4	Sandy Shale	366
7	Sand	373

Thickness of Strata	Formation	Total Depth	Remarks
2-15	soil-clay	15	
137	shale	152	
5	shale & lime	157	
3	sandy lime	160	odor no show
4	sand	164	brown-odor - poor bleed
15	core	179	
15	core	194	
3	lime	197	
5	shale	202	
4	lime	206	
12	shale	218	
12	lime	230	
12	shale	242	
4	lime	246	
6	shale	252	
5	sand	257	no Oil
6	shale	263	
15	lime	278	brown some Oil
12	shale	290	
2	lime	292	
18	shale	310	
5	lime	315	
45	shale	360	
1	sand	361	good Oil perf
12	core	373	
5	sand	373.5	good Oil perf
36.5	shale	410	



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 # 248943

Invoice Date: 04/10/2012 Terms:

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

GARBERG A-1
36588
NW 4 19 24 MI
4/4/12
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	75.00	10.9500	821.25
1118B	PREMIUM GEL / BENTONITE	226.00	.2100	47.46
1111	SODIUM CHLORIDE (GRANULA	145.00	.3700	53.65
1110A	KOL SEAL (50# BAG)	375.00	.4600	172.50
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
368 CEMENT PUMP	1.00	1030.00	1030.00
368 EQUIPMENT MILEAGE (ONE WAY)	40.00	4.00	160.00
368 CASING FOOTAGE	447.00	.00	.00
370 MIN. BULK DELIVERY	1.00	350.00	350.00
548 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00

=====
Parts: 1163.49 Freight: .00 Tax: 87.83 AR 3016.32
Labor: .00 Misc: .00 Total: 3016.32
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

TICKET NUMBER 36588

LOCATION Offawa

FOREMAN Alan Mader

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

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-12-12	2355	Garberg A.1	NW 4	19	24	MI
CUSTOMER D E Exploration			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 128			516	Alan M	Safety	Meet
CITY Wellsville			368	Gary M	GM	
STATE KS			370	Keith C	KL	
ZIP CODE 66092			348	Mike H	MH	

JOB TYPE long string HOLE SIZE 6 3/4 HOLE DEPTH 480 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 447 DRILL PIPE _____ TUBING _____ OTHER 415
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING yes
 DISPLACEMENT 6 1/2 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held crew meet. Estg blished rate. Mixed & pumped 1/2 gal HE 100 followed by 100 # gel. Mixed & pumped 2 661 dye marker followed by 75 sk 50150 cement plus 290 gel 5% salt 5# ~~500~~ Kolseal per sack. Circulated dye. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float. Closed valve.

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	447'	casing footage		
5502e	2 1/2	80 gal		225.00
5407	min	ten miles		350.00
1124	75 sk	50150 cement		821.25
1118B	226 #	gel		47.46
1111	145 #	salt		53.65
110A	375 #	Kolseal		172.50
1401	1/2 gal	HE 100		23.63
4404	1	4 1/2 plug		45.00
<u>248943</u>				
SALES TAX ESTIMATED TOTAL				878.3
				3016.32

Ravin 3737

NO company rep

AUTHORIZATION

Jim DK'd

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.