



KANSAS CORPORATION COMMISSION 1096157
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 #: _____
05/03/2012 05/04/2012 05/04/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-121-29064-00-00

Spot Description: _____
SE NW NW NE Sec. 4 Twp. 19 S. R. 24 East West
4785 Feet from North / South Line of Section
2095 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-10
Field Name: BLACK

Producing Formation: SQUIRREL
Elevation: Ground: 817 Kelly Bushing: 817
Total Depth: 480 Plug Back Total Depth: 408
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: 437
feet depth to: 0 w/ 79 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



1096157

Operator Name: D. E. Exploration, Inc. Lease Name: Garberg Well #: A-10
 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>348</td> <td>+469</td> </tr> </table>	Name	Top	Datum	SQUIRREL	348	+469
Name	Top	Datum					
SQUIRREL	348	+469					

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	21	PORTLAND	3	NA
PRODUCTION	6.75	4.5	10	437	50/50 POZ	79	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	348-365 - 53 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 <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-10

Elevation 817

Commenced Spuding May 3 20 12

Finished Drilling May 4 20 12

Driller's Name Wesley Dollard

Driller's Name

Driller's Name

Tool Dresser's Name Brandon Stone

Tool Dresser's Name Colt Stone

Tool Dresser's Name

Contractor's Name JOS

4 19 24

(Section) (Township) (Range)

Distance from S line, 4785 ft.

Distance from E line, 2095 ft.

3 sacks

1 core

7 hrs

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
8" Set 44 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 include 408.4, Baffle, 437.4, Float, 4 1/2.

Thickness of Strata	Formation	Total Depth	Remarks
0-20	soil-clay	20	
7	gravel	27	Water
125	shale	152	
2	lime	154	
5	sand	159	no Oil grey
8	shale	167	
15	sand	182	no Oil brown
3	sandy lime	185	odor no show
2	lime	187	
9	shale	196	
8	lime	204	
5	shale	209	
8	lime	217	
15	shale	232	
4	lime	236	
4	shale	240	
8	sand	248	no show
4	shale	252	
21	lime	273	
6	shale	279	
2	lime	281	
67	shale	348	
2	sand -perf	350	broken 50% good Oil
15	core	365	
33	shale	398	
2	sand	400	no Oil
9	shale	409	

409

Thickness of Strata	Formation	Total Depth	Remarks
21	sand	430	no oil
50	shale	480	TD

Core

Thickness of Strata	Formation	Total Depth	Remarks
		350	
3	sand	353	1% Oil
12	sand - perf	365	laminated - 75% good Oil



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 # 249596

Invoice Date: 05/09/2012 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 A-10
36715
4-19-24
05-04-2012
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	79.00	10.9500	865.05
1118B	PREMIUM GEL / BENTONITE	233.00	.2100	48.93
1111	SODIUM CHLORIDE (GRANULA	153.00	.3700	56.61
1110A	KOL SEAL (50# BAG)	395.00	.4600	181.70
4404	4 1/2" RUBBER PLUG	1.00	45.0000	45.00
1401	HE 100 POLYMER	.50	47.2500	23.63

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.00	180.00
495 CASING FOOTAGE	438.00	.00	.00
503 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 1220.92 Freight: .00 Tax: 92.17 AR 3143.09
 Labor: .00 Misc: .00 Total: 3143.09
 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 36715

LOCATION Ottawa KS

FOREMAN Fred 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
5/4/12	2355	Garberg # A-10	NW 4	19	24	68
CUSTOMER D. E. Exploration			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 128			506	FREMAO	Safety	MK
CITY STATE ZIP CODE Wellsville KS 66092			495	HARBEC	HB	F
			369	DERMAS	DM	
			503	DANGAR	DC	

JOB TYPE Log string HOLE SIZE 6 3/4 HOLE DEPTH 450 CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 438' DRILL PIPE Baffle 409' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 29' x Plug
 DISPLACEMENT 6.49 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Establish pump rate. Mix + Pump 1/2 Gal @ HE-100 Polymer, Circulate to condition hole. Mix + Pump 100 Gal Flush. Mix + Pump. 79 sks 50/50 Por Mix Cement. 270 Gal 5% Salt 5# Kol Seal /sk. Cement to surface. Flush pump & lines clean. Displace 4 1/2" Rubber plug to Baffle in casing. Pressure to 700# PSI. Release pressure to set float valve. Shut in casing.

TOS: Drilling (Wes)

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1020.00
5406	45 mi	MILEAGE	495	1800.00
5402	438'	Casing footage		M/K
5407	Minimum	Ton Miles	503	350.09
5502C	3 hrs	80 BBL Vac Truck	369	270.00
1724	79 sks	50/50 Por Mix Cement		865.05
115B	233#	Premium Gel		48.93
111	253#	Caranated Salt		57.61
110A	395#	Kol Seal		181.20
4404	1	4 1/2 Rubber Plug		45.00
1401	1/2 Gal	HE-100 Polymer		23.63
				92.17
			7.55%	SALES TAX
				ESTIMATED TOTAL

Ravin 3737

AUTHORIZATION

Wesley Dillard

TITLE

249596

DATE

SALES TAX
ESTIMATED
TOTAL

92.17
3743.09

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