



KANSAS CORPORATION COMMISSION 1096143  
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 #: \_\_\_\_\_  
04/06/2012    04/09/2012    04/09/2012  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-121-29036-00-00

Spot Description: \_\_\_\_\_  
SE NE SE NW Sec. 4 Twp. 19 S. R. 24  East  West  
3465 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-5  
Field Name: BLACK

Producing Formation: WAYSIDE, SQUIRREL  
Elevation: Ground: 803 Kelly Bushing: 803  
Total Depth: 480 Plug Back Total Depth: 421  
Amount of Surface Pipe Set and Cemented at: 24 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: 451  
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 Gerriso Date: 10/11/2012



1096143

Operator Name: D. E. Exploration, Inc. Lease Name: Garberg Well #: A-5  
 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>170</td> <td>+633</td> </tr> <tr> <td>SQUIRREL</td> <td>352</td> <td>+451</td> </tr> </table>	Name	Top	Datum	WAYSIDE	170	+633	SQUIRREL	352	+451
Name	Top	Datum								
WAYSIDE	170	+633								
SQUIRREL	352	+451								

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	24	PORTLAND	2	NA
PRODUCTION	6.75	4.5	10	451	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	170-184 - 44 PERFS - 3.375" DP 23 GR ECG		
3	352-360 - 25 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-5

Elevation 803

Commenced Spuding April 6 2012

Finished Drilling April 9 2012

Driller's Name Wesley Dollard

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 3465 ft.

Distance from E line 2755 ft.

2 sacks

9.5 hrs 2 cores

CASING AND TUBING RECORD

10" Set 10" Pulled
8" Set 5/8 24 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 420.8, Baffle, 451.2, and 4 1/2.

Thickness of Strata	Formation	Total Depth	Remarks
0-30	soil-clay	30	
118	shale	148	
14	sandy lime	162	
10	sand	172	no oil
1	sand	173	good oil perf
15	core	188	
4	lime	192	
6	shale	198	
3	lime	201	
4	shale	205	
3	lime	208	
6	shale	214	
8	lime	222	
14	shale	236	
5	lime	241	
4	shale	245	
7	sand	252	no oil
5	shale	257	
18	lime	275	
9	shale	284	
2	lime	286	
18	shale	304	
4	lime	308	
42	shale	350	
7	core	357	
2	sand	359	solid oil - perf
11	sandy shale	370	no oil



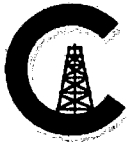
Core

Thickness of Strata	Formation	Total Depth	Remarks
		173	
.5	sand	173.5	good Oil perf
1	sand	174.5	no Oil
11	sand	185.5	broken good Oil perf
2	shale	187.5	no Oil
.5	Lime	188	no Oil

Core

		350	
<del>2</del>	sandy shale	352	no Oil
2	sand	354	broken good Oil perf
3	sand	357	solid Oil perf





**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 # 248949

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-5  
36603  
NW 4 19 24 MI  
4/9/12  
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
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
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
503 MIN. BULK DELIVERY	1.00	350.00	350.00
T-106 WATER TRANSPORT (CEMENT)	2.00	112.00	224.00

Parts: 1220.92 Freight: .00 Tax: 92.17 AR 3077.09  
 Labor: .00 Misc: .00 Total: 3077.09  
 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

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

TICKET NUMBER 36603

LOCATION Ottawa

FOREMAN Alan Mader

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-9-12	2355	Garberg # A-5	NW 4	19	24	Miss
CUSTOMER D.E. Exploration			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 128			516	Alan M	Safety	Meet.
CITY STATE ZIP CODE Wellsville KS 66092			493	Harold B	HJB	
			505/1106	Keith C	KC	
			503	Daniel G	DG	

JOB TYPE Long string HOLE SIZE 6 3/4 HOLE DEPTH 480 CASING SIZE & WEIGHT 4 1/2  
 CASING DEPTH 523 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER baffle 421  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING yes  
 DISPLACEMENT 6.6 DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bpm

REMARKS: Hold crew meet. Established rate. Mixed & pump 1/2 gal polymer followed by 100# gel. Mixed & pump 1 1/2 bbl dye marker followed by 79 sk 50/150 cement plus 3# Kolseal, 5% salt, 20 gal per sack. Circulated dye. Flushed pump. Pumped plug to baffle. Circulated 5 bbl cement. Well held 800 PSI. Set float. Closed valve.

TDS, WRS

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	453	Casing Footage		
5407	mi	tax miles		350.00
3501C	2	transport T106		224.00
1124	79 sk	50/150 cement		865.05
1118B	233#	gel		48.93
1111	153#	salt		56.61
110A	395#	Kolseal		181.70
1401	1/2 gal	polymer		29.63
4404	1	4 1/2 plug		45.00
<u>248949</u>				
SALES TAX				92.17
ESTIMATED TOTAL				3677.09

Ravin 8787

no company rep

AUTHORIZATION

Jim Okid

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