



KANSAS CORPORATION COMMISSION 1096119  
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       SLOW  
 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>04/04/2012</u>	<u>04/05/2012</u>	<u>04/05/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-29034-00-00

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

NW NE SE NW Sec. 4 Twp. 19 S. R. 24  East  West  
3795 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-3

Field Name: BLACK

Producing Formation: SQUIRREL

Elevation: Ground: 822 Kelly Bushing: 822

Total Depth: 460 Plug Back Total Depth: 417

Amount of Surface Pipe Set and Cemented at: 23 Feet

Multiple Stage Cementing Collar Used?  Yes  No

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

If Alternate II completion, cement circulated from: 450

feet depth to: 0 w/ 71 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



1096119

Operator Name: D. E. Exploration, Inc. Lease Name: Garberg Well #: A-3  
 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>366</td> <td>+456</td> </tr> </table>	Name	Top	Datum	SQUIRREL	366	+456
Name	Top	Datum					
SQUIRREL	366	+456					

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	23	PORTLAND	3	NA
PRODUCTION	6.75	4.5	10	450	50/50 POZ	71	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	366-376 - 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

ICS State Well No. A-3

Elevation: 822

Commenced Spuding April 4 2012

Finished Drilling April 5 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) 5 (Township) (Range) 3795 ft.

Distance from E line, 3085 ft.

1 core 10 hrs

3 sacks

CASING AND TUBING RECORD

10" Set 10" Pulled
8" Set 23 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 417.1, Baffle, 449.8, Float, and 4 1/2.

Thickness of Strata	Formation	Total Depth	Remarks
0-21	soil-clay	21	
136	Shale	157	
5	shale & lime	162	
4	Sandy lime	166	
5	Sand	171	no O.I
9	Sandy shale	180	
16	red bed	196	
4	shale	200	
5	Lime	205	
11	shale	216	
3	Lime	219	
8	shale	227	
10	Lime	237	
12	Shale	249	
4	Lime	253	
6	shale	259	
6	Sand	265	no O.I
5	shale	270	
16	Lime	286	
11	shale	297	
2	Lime	299	
18	shale	317	
4	Lime	321	
45	Shale	366	
17	Core	383	
34	shale	417	
1	Lime	418	









**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 # 248947

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Invoice Date: 04/11/2012 Terms: Page 1  
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D.E. EXPLORATION  
DOUG EVANS  
P.O. BOX 128  
WELLSVILLE KS 66092  
(785) 883-4057

GARBERG A-3  
36599  
NW 4 19 24 MI  
4/5/12  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	71.00	10.9500	777.45
1118B	PREMIUM GEL / BENTONITE	219.00	.2100	45.99
1111	SODIUM CHLORIDE (GRANULA	137.00	.3700	50.69
1110A	KOL SEAL (50# BAG)	355.00	.4600	163.30
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	450.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	3.50	90.00	315.00
548 MIN. BULK DELIVERY	1.00	350.00	350.00

=====  
Parts: 1106.06 Freight: .00 Tax: 83.51 AR 3044.57  
Labor: .00 Misc: .00 Total: 3044.57  
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 36599

LOCATION Ottawa

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
4-5-12	2355	Garberg A-3	NW 4	19	24	MI
CUSTOMER D.E. Exploration			TRUCK #			
MAILING ADDRESS P.O. Box 128			516	Alan M	Safety	Meat
CITY Wellsville			368	Gary M	GM	
STATE KS			370	Keith C	KC	
ZIP CODE 66092			548	Mike H	MH	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 480 CASING SIZE & WEIGHT 4 1/2  
 CASING DEPTH 450 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER 4 1/2 baffle  
 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 moot. Established rate. Mixed & pumped 1/2 gal polymer followed by 100# gel. Pumped 1 1/2 bbl dye marker followed by 71 sk 50/150 cement plus 5# Kolseal, 5% salt, 2% gel per sack. Circulated dye. Flushed pump. Pumped plug to casing baffle. Circulated 5 bbl cement returns. Well held 800 PSI. Set float. Closed valve.

TOS. Wes.

*Alan Mader*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	<del>8000</del> 40	MILEAGE		1030.00
5402	450'	casing footage		160.00
5407	min	ten miles		
5502C	3 1/2	80 vac		315.00
1184	71 sk	50/150 cement		777.43
1118B	219#	gel		45.99
111	137#	salt		50.69
1110A	955	Kolseal		163.00
1421	1/2 gal	polymer		23.63
1424	1	4 1/2 plug		45.00
<u>248947</u>				

SALES TAX ESTIMATED TOTAL 83.51  
 AUTHORIZATION Jim Oka TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 NO company rep

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