



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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 #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
-----------------------------------	-----------------	---

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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: _____ Date: _____



Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
---	---

CASING RECORD <input type="checkbox"/> New <input 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

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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift 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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
---	--	--

Form	ACO1 - Well Completion
Operator	New Gulf Operating LLC
Well Name	Brothers 1
Doc ID	1049982

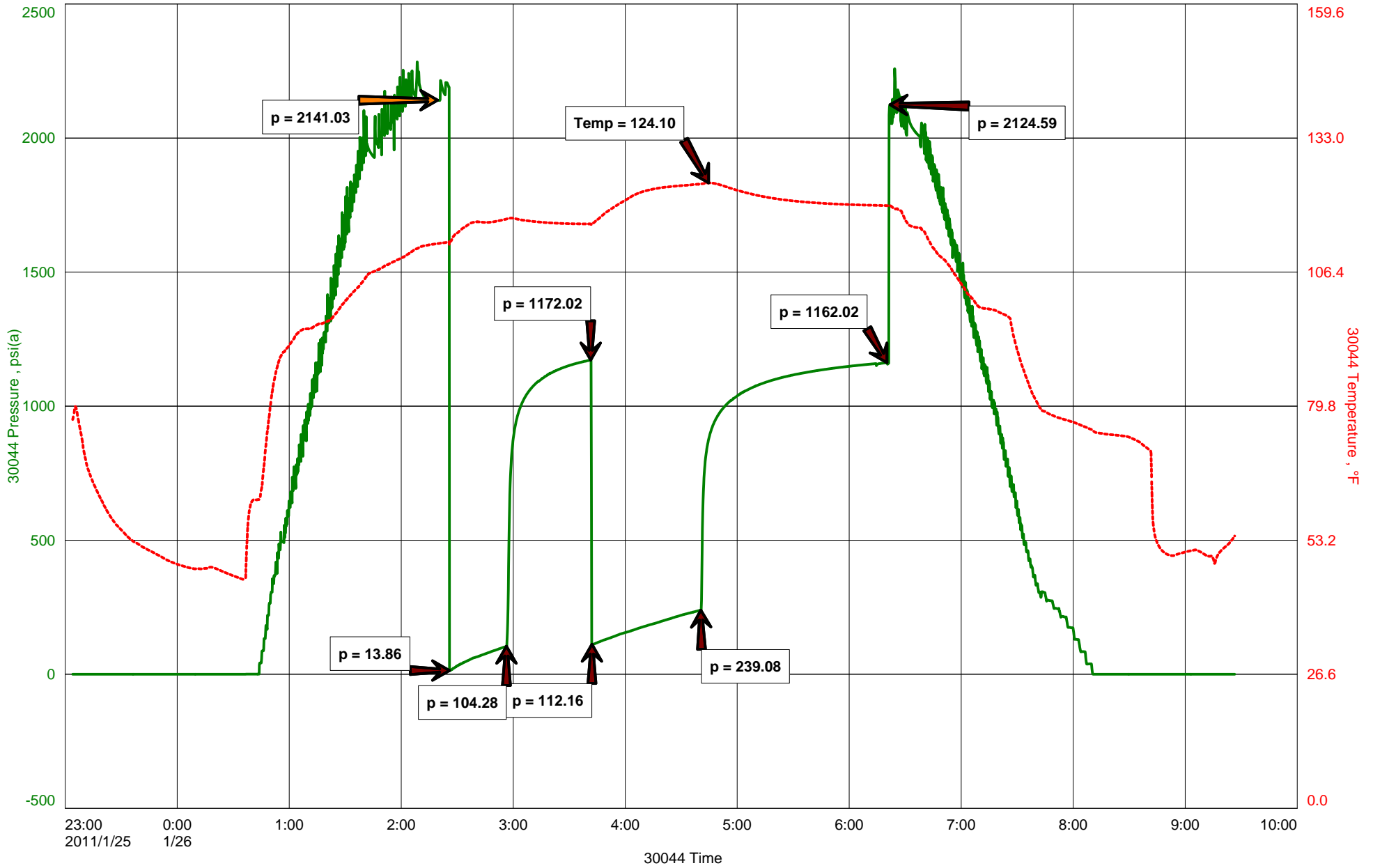
Tops

Name	Top	Datum
Chase	2830	+304
Neva	3298	-164
Stotler	3626	-492
Topeka	3772	-638
Heebner	4012	-878
Toronto	4030	-896
Lansing	4058	-924
Muncie Creek	4250	-1116
Stark	4354	-1220
BKC	4474	-1340
Marmaton		-1369
Pawnee	4590	-1456
Ft Scott		-1480
Cherokee Shale		-1494
Lower Cherokee SH	4657	1523
Johnson	4716	-1582
Morrow		-1656
Mississippian		-1732

NEW GULF OPER.
DST#1 4476-4570 MARM
Start Test Date: 2011/01/25
Final Test Date: 2011/01/26

BROTHER #1
Formation: DST#1 4476-4570 MARM
Pool: WILDCAT
Job Number: MO90

BROTHER #1



DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	NEW GULF OPER.	Job Number	MO90
Well Name	BROTHER #1	Representative	MIKE COCHRAN
Unique Well ID	DST#1 4476-4570 MARM	Well Operator	NEW GULF OPER.
Surface Location	SEC.34-17S-34W SCOTT CO. KS.	Report Date	2011/01/26
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	CURTIS COVEY
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#1 4476-4570 MARM		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2011/01/25	Start Test Time	23:04:00
Final Test Date	2011/01/26	Final Test Time	09:27:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

Test Results

Remarks RECOVERED:

204' G.I.P.
423' CO
189' GHOCM 4% GAS,44% OIL, 52% MUD
612' TOTAL FLUID

GRAVITY: 30.6@60 DEG.

TOOL SAMPLE: 1% GAS, 54% OIL, 45% MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



phone: 316-337-6200
fax: 316-337-6211
<http://kcc.ks.gov/>

Thomas E. Wright, Chairman
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

January 26, 2011

New Gulf Operating LLC
6310 E. 102nd St.
TULSA, OK 74137

Re: ACO1
API 15-171-20791-00-00
Brothers 1
SW/4 Sec.34-17S-34W
Scott County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	NEW GULF OPER.	Job Number	MO91
Well Name	BROTHER #1	Representative	MIKE COCHRAN
Unique Well ID	DST#2 4574-4598 PAWNEE	Well Operator	NEW GULF OPER.
Surface Location	SEC.34-17S-34W SCOTT CO. KS.	Report Date	2011/01/27
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	CURTIS COVEY
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#2 4574-4598 PAWNEE		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2011/01/26	Start Test Time	19:46:00
Final Test Date	2011/01/27	Final Test Time	06:42:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

Test Results

Remarks RECOVERED:

3300' G.I.P.
723' CO 100% OIL
126' MCO 55% OIL, 45% MUD
126' MO 92% OIL, 8% MUD
975' TOTAL FLUID

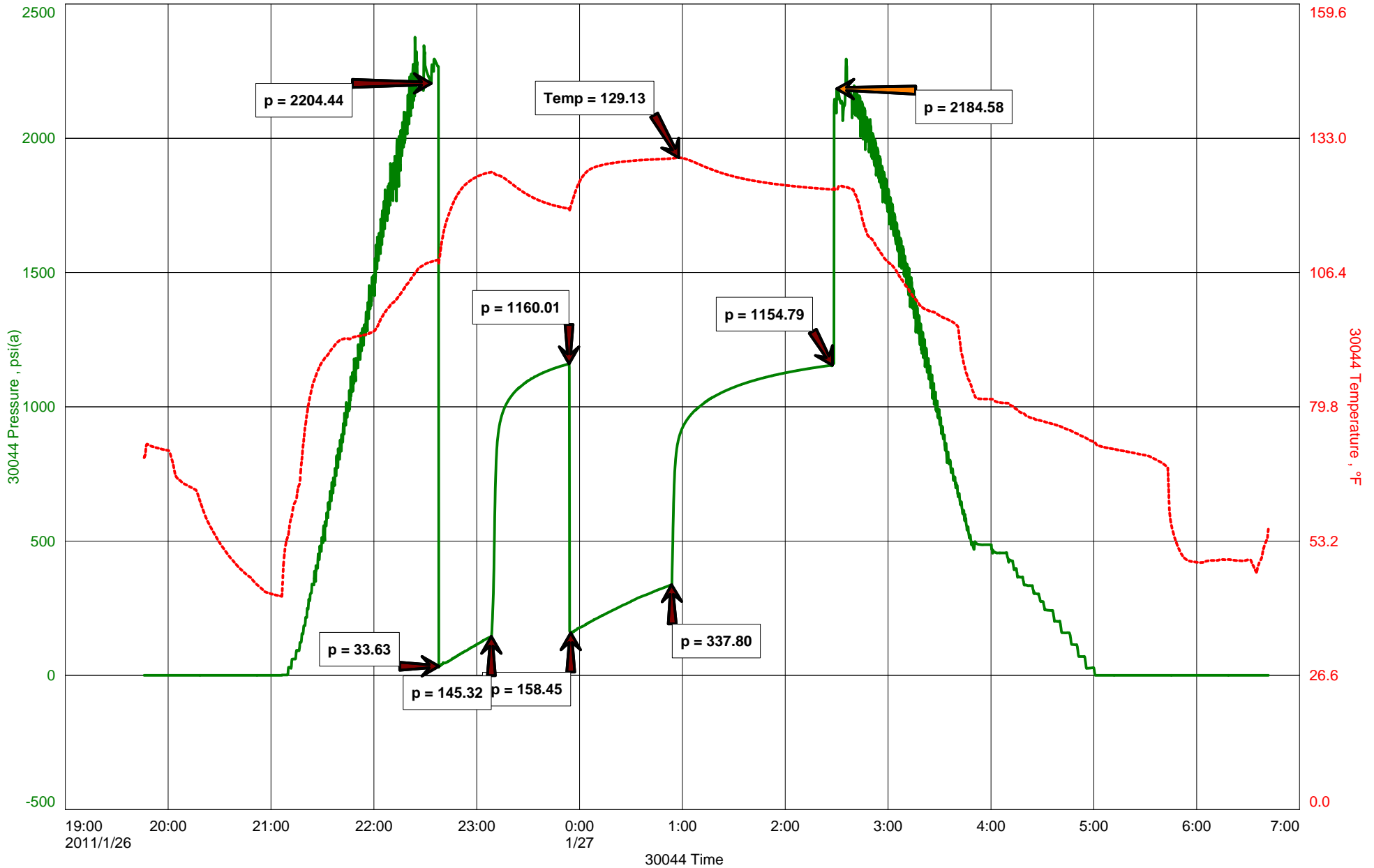
GRAVITY: 30.6 @ 60 DEG

TOOL SAMPLE: 2% GAS, 61% OIL, 37% MUD

NEW GULF OPER.
DST#2 4574-4598 PAWNEE
Start Test Date: 2011/01/26
Final Test Date: 2011/01/27

BROTHER #1
Formation: DST#2 4574-4598 PAWNEE
Pool: WILDCAT
Job Number: MO91

BROTHER #1





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

DRILLING REPORT

NEW GULF ENERGY
6310 E. 102nd Street
Tulsa, Oklahoma 74137
Office (918) 728-3020

1 BROTHERS
1416'FSL 1766'FWL
Section 34-T17S-R34W
Scott County, Kansas
API # 15-171-20791

Drilling Contractor: VAL DRILLING RIG 4 (620-617-2793)
Elevation: GL 3126 **KB 3134**
Geologist: Curtis Covey 316-258-9976 / Joe Baker 316-253-9696
Comparison Well: **Parker: # 1 Franklin**
660'FNL 1980' FEL
3-18S-34W

New Gulf Rep : Danny Birdwell 432-940-6680/ Engineer JoJo Birdwell 432-634-0773

LOG TOPS	DATUM	SHOWS
CHASE	2830	+304
NEVA	3298	-164
STOTLER	3626	-492
TOPEKA	3772	-638
HEEBNER	4012	-878
TORONTO	4030	-896
LANSING	4058	-924
MUNCIE CREEK	4250	-1116
STARK	4354	-1220
BKC	4474	-1340
MARMATON	4503	-1369
Three zones within the Mamaton and Altamont section that carried show free Oil, Fluorescence, Stain, No Odor. Slight gas kick in the Altamont.		
		See geological report for more detail
		DST #1
PAWNEE	4590	-1456
Show Free Oil and Gas, Odor ,Fluorescence, Stain		
		DST # 2
FT SCOTT	4614	-1480
CHEROKEE SH	4628	-1494
LOWER CH.SHALE	4657	-1523
JOHNSON	4716	-1582
Limestone w/ slight fossil porosity, stain, show free oil		
		DST #3
MORROW SHALE	4790	-1656
EROSIONAL MISSISSIPPIAN	4866	-1732

1/18/2011 Rig Up drill surface 268' set 85/8" @ 252.45 w/ 200sxs
 1/19/2011 1382' Drilling ahead
 1/20/2011 2385' Curtis Covey Geologist on location w/ Gas detection unit
 1/21/2011 2,861' Bit Trip @ 2644'
 1/22/2011 3405' Drilling ahead
 1/23/2011 3750' Drilling ahead in the Topeka section
 1/24/2011 4201' Drilling ahead in Lansing
 1/25/2011 4504' Drilling ahead /Pleasanton
 1/26/2011 4570' Testing Marmaton

DST # 1 Marmaton/Altamont

4476-4570

30-45-60-90

IFP: Building Blow, Off bottom of Bucket(BOB) in 12 Min

ISP: 3 Inch Blow Back

FFP: Building BOB in 14 Min

FSP: 1/1/2" Blow Back

Recovery: 204' Gas In Pipe

423' Clean Oil

189' Gassy Heavy Oil Cut Mud (4% Gas, 44% Oil, 52% Mud)

612 Feet Total Fluid

IFP/FFP: 14-104#/112-239#

ISP/FSP: 1172/1162#

IHP/FHP: 2141/2125#

Bottom Hole Temp: 124

DST # 2 Pawnee

4574-4598

30-45-60-90

IFP: Building Blow, Off bottom of Bucket (BOB) in 2 Min

ISP: Blow Back OBB in 8 min

FFP: Building BOB in 2 Min

FSP: Blow Back BOB in 10 Min

Recovery: 3300' Gas In Pipe

723' Clean Oil (30 gravity @ 60 Deg)

126' Mud Cut Oil (55% Oil, 45% Mud)

975' Feet Total Fluid

IFP/FFP: 34-145# 158-338#

ISP/FSP: 1160/1155#

IHP/FHP: 2204/2184#

Bottom Hole Temp: 129

1/27/2011 4598'

1/28/2011 Johnson Zone

DST # 3 Johnson

4710-4784

30-30-30-45

IFP: Weak Surface/died

ISP: No Blow Back

FFP: No Blow

FSP: No Blow Back

Recovery: 1 Ft. Oil Speckled Mud

IFP/FFP: 5-6# 6-6#

ISP/FSP: 89/185#

IHP/FHP: 2237/2189#

Bottom Hole Temp: 115

1/29/2011 4869' Drilling Mississippian RTD 4950'

1/30/2011 Finish Logging and run pipe

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	NEW GULF OPER.	Job Number	MO92
Well Name	BROTHERS #1	Representative	MIKE COCHRAN
Unique Well ID	DST#3 4710-4784 JOHNSON	Well Operator	NEW GULF OPER.
Surface Location	SEC.34-17S-34W SCOTT CO. KS.	Report Date	2011/01/28
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	CURTIS COVEY
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#3 4710-4784 JOHNSON		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2011/01/28	Start Test Time	12:54:00
Final Test Date	2011/01/28	Final Test Time	20:11:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

Test Results

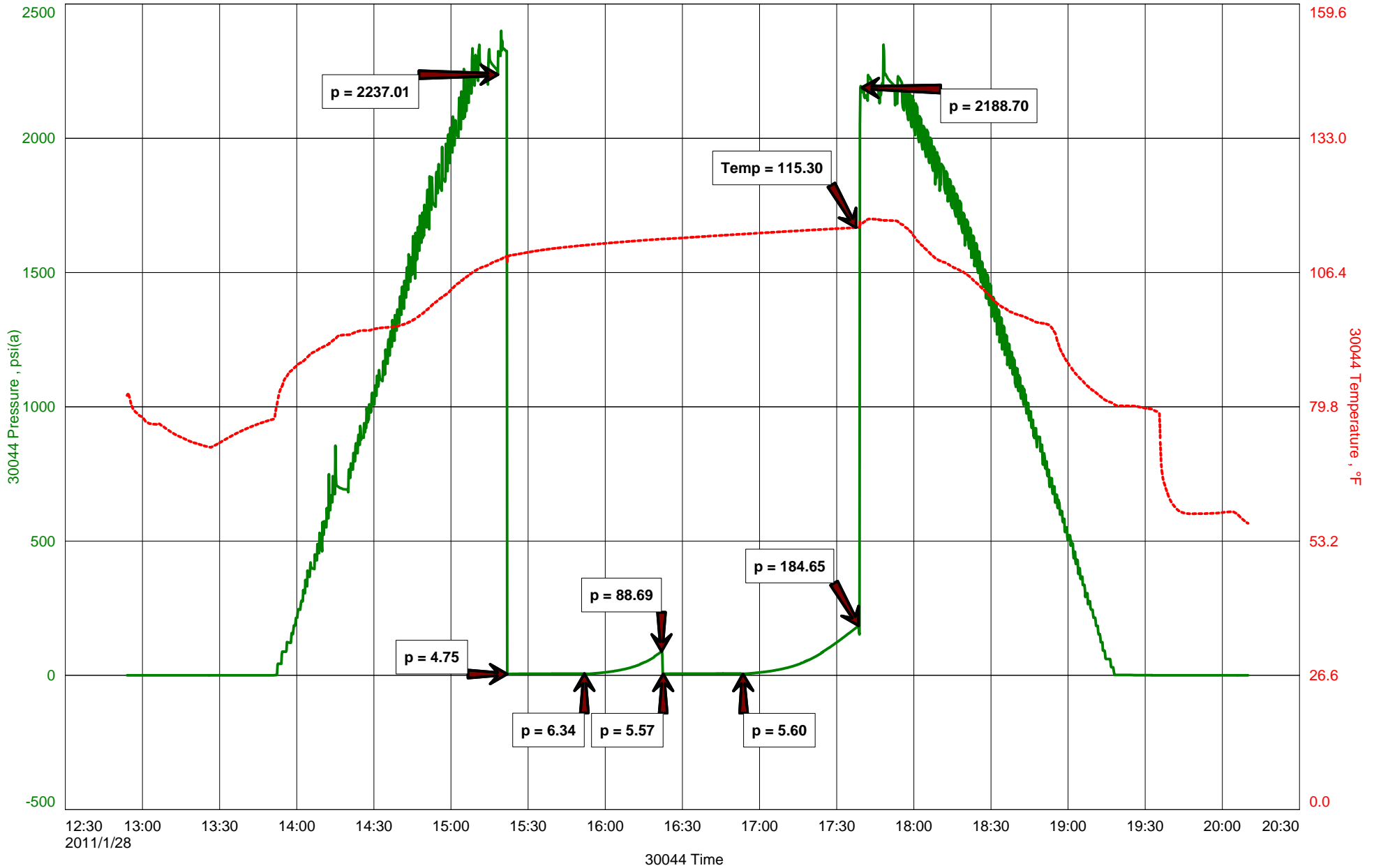
Remarks RECOVERED:
1' DM W/ OIL SPOTS

TOOL SAMPLE: DM W/ GOOD OIL SPOTS

NEW GULF OPER.
DST#3 4710-4784 JOHNSON
Start Test Date: 2011/01/28
Final Test Date: 2011/01/28

BROTHERS #1
Formation: DST#3 4710-4784 JOHNSON
Pool: WILDCAT
Job Number: MO92

BROTHER #1





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Customer NEW GULF OPERATING	Lease No.	Date
Lease BROTHERS	Well # 1	1-30-11
Field Order # 3467	Station PRATT, KS.	Casing 5/2
Type Job CNW - 5 1/2" TWO STAGE	Depth 4741	County SPOTT
	Formation	State Ks.
		Legal Description 41-17-34

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2"	Tubing Size	Shots/Ft		Acid AA2	RATE	PRESS	ISIP	
Depth 4741	Depth	From	To	Pre Pad	Max		5 Min.	
Volume	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative DANNY BIRDWELL	Station Manager D. SCOTT	Treater S. ORLANDO
---	---------------------------------	---------------------------

Service Units	27283	27463	19826	19860	19759	21010				
Driver Names	ORLANDO	LESLEY	McPRAW		HUNTER					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
4:00pm					ON LOCATION - SAFETY MEETING
					RUN 5 1/2" x 15.5" CSA.
					CENT - 1-2-3-8-THRU 616671/10
					BASKET - SA 3157 24100
					DV TOOL SET AT - 1.0' 24100
8:45am					CSION BOTTOM 4933 4741'
					HOOK UP TO CSA - BREAK CIRC. W/RIG
10:30"	250		5	5	H2O AHFAD
	200		12	5	SUPERFLUSH II
	200		5	5	H2O SPACER
	150		48.4	5	MIX 200SK AA2 @ 15.3#/GAL
					SHUT DOWN - WASH PUMP & LINE CLEAN
					DROP LATCH DOWN PLUG
	0		10 min	6	START DISPLACEMENT - H2O
	300		10 min	6	START MUD DISPLACEMENT
	500				LIFT PRESSURE
	300				SLOW RATE
10:15am	1500		116 min	4	PLUG DOWN - HELD
			116 min		DROP DV OPEN PLUG
12:25 am	1000				OPEN DV TOOL
					CIRCULATE W/RIG PUMP 4 hrs

→ OVER →

Customer NEW GULF OPERATING	Lease No.	Date 1-31-2011
Lease BROTHERS	Well # 1	
Field Order # 34107	Station PRATT, KS.	Casing 1/2 5 1/2
Type Job C/W - 5 1/2" TWO STAGE	Formation	Depth County SCOTT
		State KS.
		Legal Description 34-11-34

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
5 1/2				200 ml / ft				
Depth	Depth	From	To	Pre Pad	Max		5 Min.	
Volume	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well-Connection P.C.	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative DANNY BIRDWELL	Station Manager D. SCOTT	Treater S. ORLANDO
Service Units 27283 27413 19826 19860 19959 21010		
Driver Names ORLANDO LESLEY McGRAN HUNTER		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
					TOP STAGE
	300			6	MIX 540 SKS A-CON @ 12.0#/GAL
4:40	500		237	6	SHOT DOWN - WASH PUMP CLEAN
					DROP DV CLOSE PLUG
					START DISPLACEMENT
5:30	0		0	4	LIFT PRESSURE
5:40	600		43	4	SLOW RATE
5:45 AM	1700		58	3	PLUG DOWN - CLOSE DV TOOL
			6		PLUG RH w/ 30 SK ACON
			4		PLUG LH w/ 20 SK ACON
					1/2 B COMPLETE,
					THANKS -
					STAFF ORLANDO
					Circulation thro both stages
					Circulated 20 bbl cement to pit
					ON TOP STAGE



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

004028052
FIELD SERVICE TICKET

1718 03467 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>1-31-2011</u> DISTRICT <u>PRATT, Ks.</u>		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:							
CUSTOMER <u>NEW GOLF OPERATING, LLC</u>		LEASE <u>BROTHERS</u> WELL NO. <u>1</u>							
ADDRESS		COUNTY <u>SCOTT</u> STATE <u>Ks.</u>							
CITY STATE		SERVICE CREW <u>ORLANDO, LESLEY, MCGRAW, HUNTER</u>							
AUTHORIZED BY		JOB TYPE: <u>CNW - 5 1/2" TWO STAGE Longstring</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
<u>27283</u>	<u>3</u>						<u>1-30-11</u>	<u>AM</u>	<u>10:30</u>
<u>27463</u>	<u>3</u>					ARRIVED AT JOB	<u>1-31-11</u>	<u>AM</u>	<u>4:00</u>
<u>19826/19860</u>	<u>3</u>					START OPERATION	<u>1-31-11</u>	<u>AM</u>	<u>10:50</u>
<u>19959/21010</u>	<u>3</u>					FINISH OPERATION	<u>1-31-11</u>	<u>PM</u>	<u>5:45</u>
						RELEASED	<u>1-30-11</u>	<u>AM</u>	<u>6:45</u>
						MILES FROM STATION TO WELL			<u>100</u>

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA2 CEMENT	SK	200		3,400.00
CP 101	A-CON BLEND	SK	20		360.00
CP 101	A-CON BLEND	SK	520		9,360.00
CP 101	A-CON BLEND	SK	50		900.00
CC 102	CELL-FLAKE	lb	196		725.20
CC 105	DE-FOAMER	lb	47		188.00
CC 109	CALCIUM CHLORIDE	lb	11653		1,735.65
CC 111	SALT	lb	908		454.00
CC 112	CEMENT FRICTION REDUCER	lb	57		342.00
CC 115	GAS-BLOK	lb	188		968.20
CC 129	FLA-322	lb	94		705.00
CC 201	GILSONITE	lb	996		667.32
CF 401	TWO STAGE CEMENT COLLAR, 5 1/2"	EA	1		6,100.00
CF 601	LATCH DOWN PLUG & ASSEMBLY, 5 1/2"	EA	1		850.00
CF 1251	AUTO FILL FLOAT SHOE, 5 1/2"	EA	1		360.00
CF 1651	TURBOLIZER, 5 1/2"	EA	17		1,870.00
CF 1901	BASKET, 5 1/2"	EA	1		290.00

CHEMICAL / ACID DATA:			

SUB TOTAL		<u>DLS</u>
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE Steve Orlando THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____



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 # 239208

Invoice Date: 01/19/2011 Terms: 0/0/30,n/30

Page 1

NEW GULF OPERATING LLC
6310 EAST 102ND ST.
TULSA OK 74137
(918)728-3020

BROTHERS #1
28699
34-17-34
1-18-11

Part Number	Description	Qty	Unit Price	Total
1104	CLASS "A" CEMENT	200.00	16.0000	3200.00
1102	CALCIUM CHLORIDE (50#)	576.00	.8800	506.88
1118B	PREMIUM GEL / BENTONITE	384.00	.2000	76.80
4432	8 5/8" WOODEN PLUG	1.00	92.0000	92.00

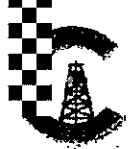
Sublet Performed	Description	Total
9999-100	CASH DISCOUNT	-1126.14

Description	Hours	Unit Price	Total
460 TON MILEAGE DELIVERY	1.00	576.00	576.00
466 CEMENT PUMP (SURFACE)	1.00	985.00	985.00
466 EQUIPMENT MILEAGE (ONE WAY)	40.00	4.85	194.00

COMPANY NGO. KS
WELL # Brothers 1
AFE # _____
G/L ACCT CODE 1510-14
G/L DESCRIPT Cement Surface Pipe
DATA ENTRY/DATE _____
AUTHORIZED/DATE 1-24-11 WPK

Parts:	3875.68	Freight:	.00	Tax:	321.68	AR	4826.22
Labor:	.00	Misc:	.00	Total:	4826.22		
Sublt:	-1126.14	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

P.H.
C.S.
56

TICKET NUMBER 28699

LOCATION Oakley, KS

FOREMAN Pat Heisler

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
1-18-11	5661	Brothers Brothers #1	34	17S	34W	scott
CUSTOMER New Gulf Operating			Section City			
MAILING ADDRESS 6310 E. 102nd St.			Tulsa Okla			
CITY Tulsa			STATE OK			
ZIP CODE 74137			TRUCK #			
			DRIVER			
			TRUCK #			
			DRIVER			

JOB TYPE <u>Surface</u>	HOLE SIZE <u>12 1/4</u>	HOLE DEPTH <u>268</u>	CASING SIZE & WEIGHT <u>8 5/8 24#</u>
CASING DEPTH <u>257</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT <u>15.2</u>	SLURRY VOL	WATER gal/sk <u>5.6</u>	CEMENT LEFT in CASING <u>20'</u>
DISPLACEMENT <u>15.34</u>	DISPLACEMENT PSI	MIX PSI	RATE

REMARKS: softy meeting, mix 200sk 35cc 29gel Release Plug Displace
box H2O @ 200 PSI shut in @ 100 PSI

circulated good cement

Thank you
Pat & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	985.00	985.00
5406	40 mi	MILEAGE	4.85	194.00
5407A	9.6 Ton	Tan mileage Delivery	1.50	576.00
1104	200 sk	Class "A" cement	16.00	3200.00
1102	576 Lbs	Calcium chloride	.88	506.88
1118B	384 Lbs	Bentonite gel	.20	76.80
4432	1	wooden Plug 8 5/8	92.00	92.00
<u>239208</u>				
Subtotal				5630.68
Less			20%	1126.14
				4504.54
			SALES TAX	321.68
			ESTIMATED TOTAL	4826.22

AUTHORIZATION [Signature] TITLE Toolpusher DATE 1-18-11

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