



KANSAS CORPORATION COMMISSION 1055316
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 # _____

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: _____



1055316

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	Laura 1
Doc ID	1055316

All Electric Logs Run

Dual Induction
Density Neutron
Micro
Sonic
Triple Combo

Form	ACO1 - Well Completion
Operator	New Gulf Operating LLC
Well Name	Laura 1
Doc ID	1055316

Tops

Name	Top	Datum
Anhydrite	2512	2613
B/Anhydrite	2540	2639
Stotler	3684	3678
Topeka	3811	3810
Heebner Shale	4034	4033
Toronto	4064	4058
Lansing	4082	4077
Muncie Creek	4222	4222
Stark SH	4302	4302
B/KC	4368	4368
Pawnee LS	4504	4506
Ft. Scott	4554	4558
Cherokee Sh	4582	4583
Johnson	4616	4616
Mississippi	4684	4680



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

New Gulf Operating
6310 E. 102nd St.
Tulsa, Ok 74137
ATTN: Curtis Covey

Laura #1
31-11-32 Logan, KS
Job Ticket: 040525 **DST#: 1**
Test Start: 2011.02.21 @ 12:41:40

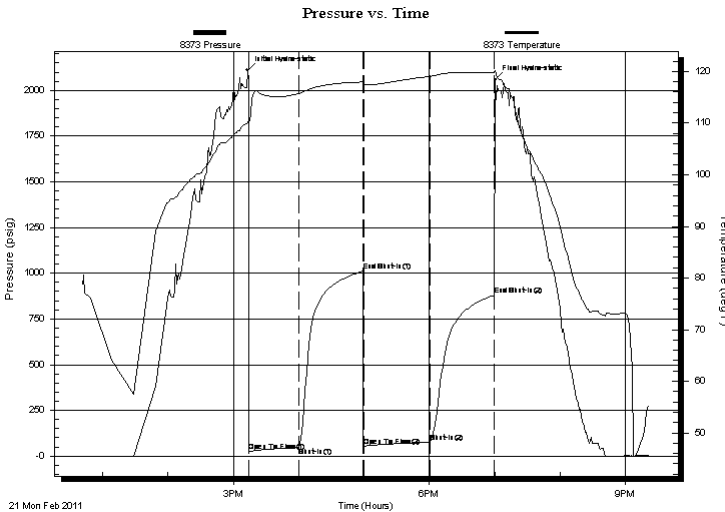
GENERAL INFORMATION:

Formation: **Lansing**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 15:14:35
Time Test Ended: 21:22:35
Interval: **4150.00 ft (KB) To 4174.00 ft (KB) (TVD)**
Total Depth: 4174.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Good
Test Type: Conventional Bottom Hole
Tester: Brandon Turley
Unit No: 35
Reference Elevations: 3098.00 ft (KB)
3088.00 ft (CF)
KB to GR/CF: 10.00 ft

Serial #: 8373 Inside
Press @ Run Depth: 77.78 psig @ 4151.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2011.02.21 End Date: 2011.02.21 Last Calib.: 2011.02.21
Start Time: 12:41:40 End Time: 21:22:35 Time On Btm: 2011.02.21 @ 15:13:05
Time Off Btm: 2011.02.21 @ 19:00:19

TEST COMMENT: IF: 1/2 blow built to 6 1/2 in 45.
IS: No return.
FF: Surface blow built to 3 1/2 in 60 min.
FS: No return.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2109.32	110.02	Initial Hydro-static
2	26.89	110.03	Open To Flow (1)
47	47.36	115.73	Shut-In(1)
106	1011.02	117.98	End Shut-In(1)
107	55.46	117.41	Open To Flow (2)
167	77.78	119.05	Shut-In(2)
227	879.88	119.84	End Shut-In(2)
228	2056.94	120.22	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
62.00	mcw 70%w 30%m	0.87
42.00	mcw 60%w 40%m	0.59
30.00	oil 100%o	0.42

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

New Gulf Operating
6310 E. 102nd St.
Tulsa, Ok 74137
ATTN: Curtis Covey

Laura #1
31-11-32 Logan, KS
Job Ticket: 040525 **DST#: 1**
Test Start: 2011.02.21 @ 12:41:40

Mud and Cushion Information

Mud Type:	Gel Chem	Cushion Type:		Oil API:	32 deg API
Mud Weight:	9.00 lb/gal	Cushion Length:	ft	Water Salinity:	34000 ppm
Viscosity:	55.00 sec/qt	Cushion Volume:	bbbl		
Water Loss:	7.60 in ³	Gas Cushion Type:			
Resistivity:	0.00 ohm.m	Gas Cushion Pressure:	psig		
Salinity:	2000.00 ppm				
Filter Cake:	1.00 inches				

Recovery Information

Recovery Table

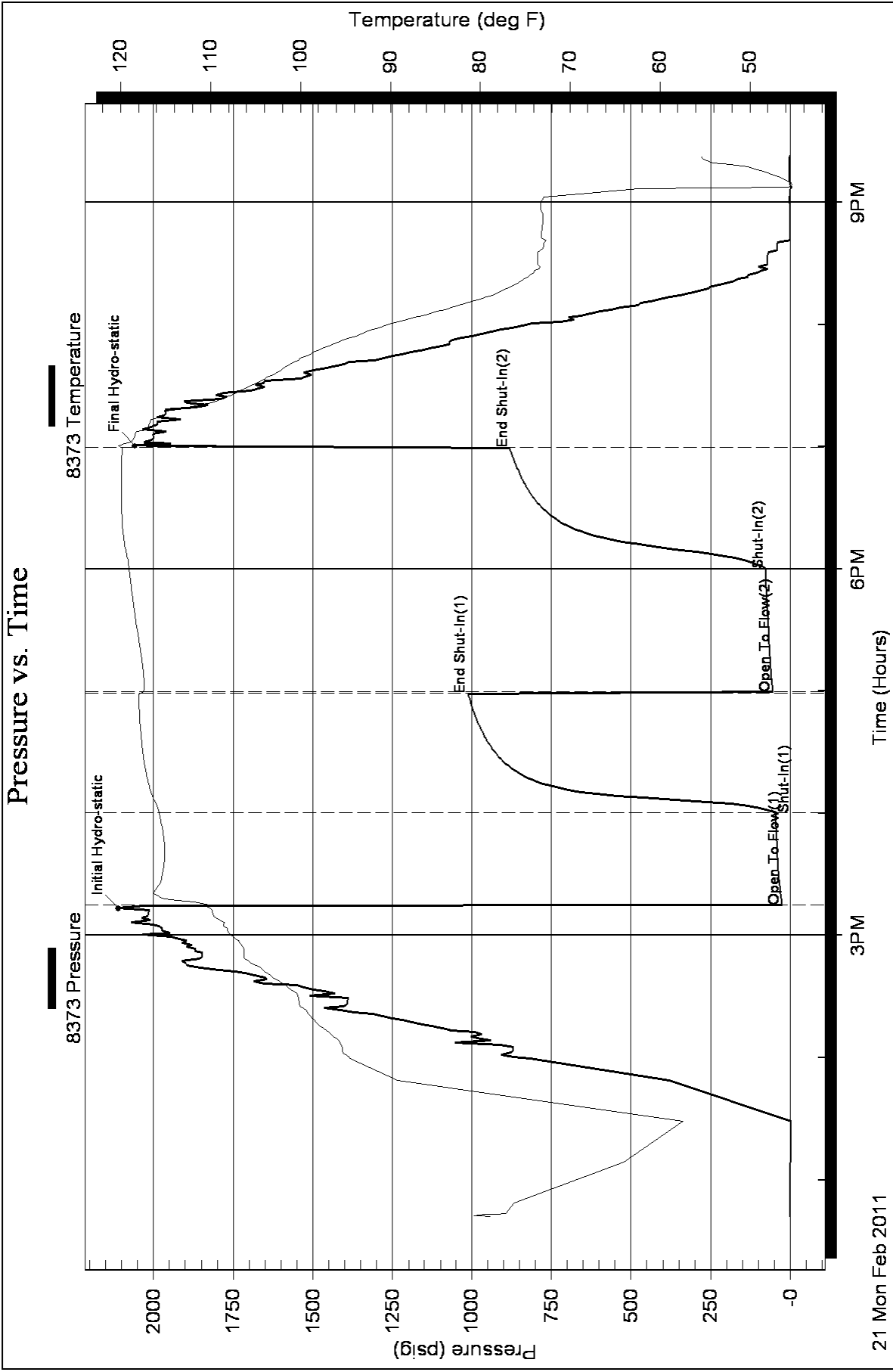
Length ft	Description	Volume bbbl
62.00	mcw 70%w 30%m	0.870
42.00	mcw 60%w 40%m	0.589
30.00	oil 100%o	0.421

Total Length: 134.00 ft Total Volume: 1.880 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments: 29@30=32 API
.23@64=34000ppm



21 Mon Feb 2011



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

New Gulf Operating
6310 E. 102nd St.
Tulsa, Ok 74137
ATTN: Curtis Covey

Laura #1
31-11-32 Logan, KS
Job Ticket: 042051 **DST#: 2**
Test Start: 2011.02.22 @ 16:31:57

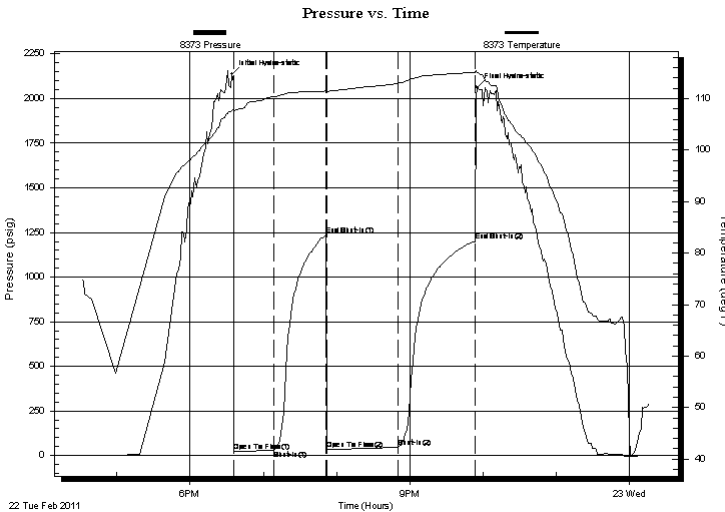
GENERAL INFORMATION:

Formation: **Lansing**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 18:35:52
Time Test Ended: 00:16:51
Interval: **4300.00 ft (KB) To 4323.00 ft (KB) (TVD)**
Total Depth: 4323.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Good
Test Type: Conventional Bottom Hole
Tester: Brandon Turley
Unit No: 35
Reference Elevations: 3098.00 ft (KB)
3088.00 ft (CF)
KB to GR/CF: 10.00 ft

Serial #: 8373 **Inside**
Press @ Run Depth: 45.55 psig @ 4301.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2011.02.22 End Date: 2011.02.23 Last Calib.: 2011.02.23
Start Time: 16:31:57 End Time: 00:16:51 Time On Btm: 2011.02.22 @ 18:34:22
Time Off Btm: 2011.02.22 @ 21:54:36

TEST COMMENT: IF: 1/4 blow built to 3 in 60 min.
IS: No return.
FF: Surface blow built to 2 in 60 min.
FS: No return.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2135.63	107.72	Initial Hydro-static
2	21.77	107.53	Open To Flow (1)
34	30.39	110.30	Shut-In(1)
77	1235.61	111.46	End Shut-In(1)
78	32.68	111.23	Open To Flow (2)
137	45.55	113.00	Shut-In(2)
199	1201.65	115.11	End Shut-In(2)
201	2062.85	115.40	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
52.00	ocm 10%o 90%o m	0.73
15.00	oil 100%o	0.21

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

New Gulf Operating

Laura #1

6310 E. 102nd St.
Tulsa, Ok 74137

31-11-32 Logan, KS

Job Ticket: 042051

DST#: 2

ATTN: Curtis Covey

Test Start: 2011.02.22 @ 16:31:57

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

35 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

0 ppm

Viscosity: 52.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.78 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 3000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
52.00	ocm 10%o 90%m	0.729
15.00	oil 100%o	0.210

Total Length: 67.00 ft Total Volume: 0.939 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

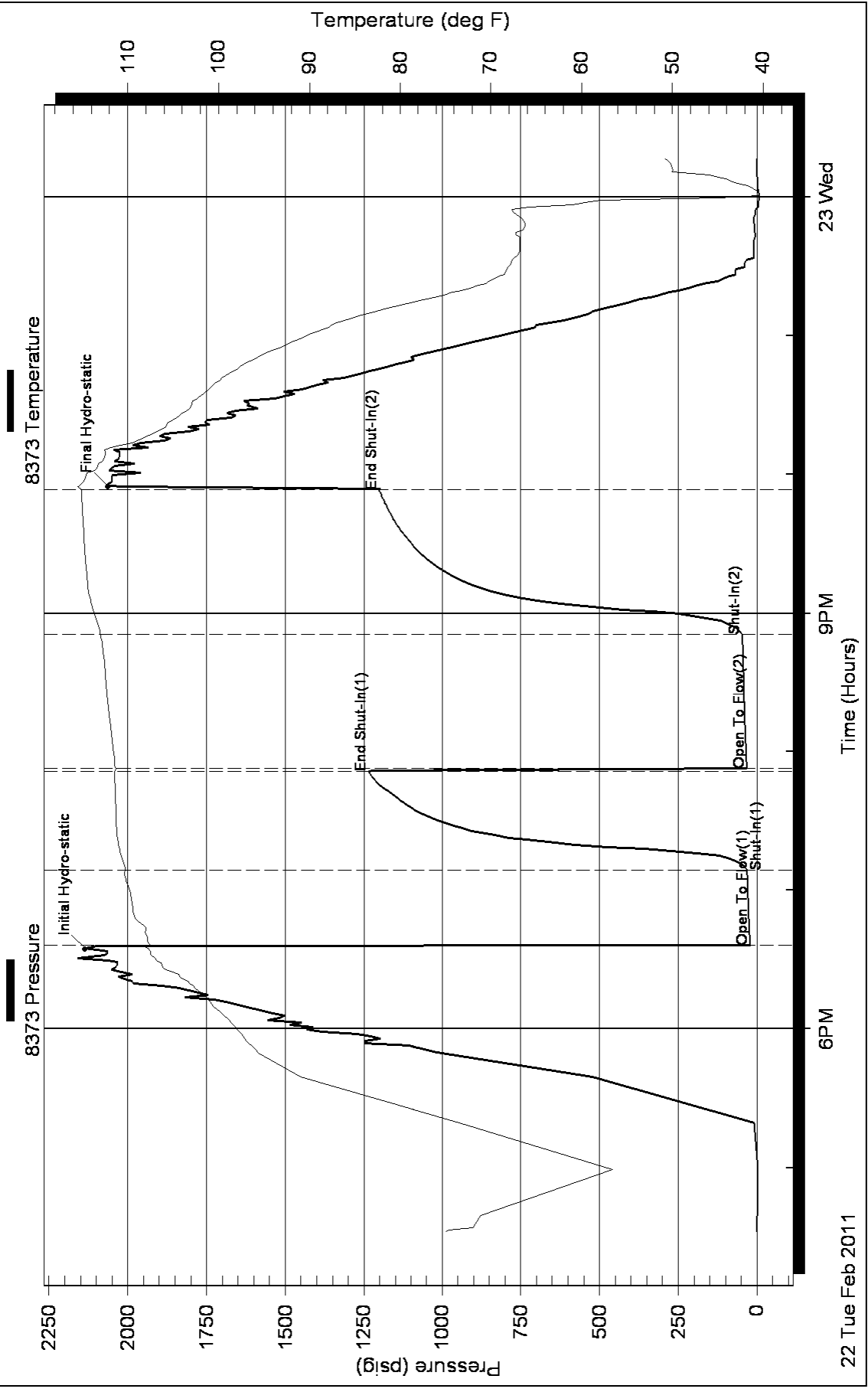
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: 32@30=35

Pressure vs. Time





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 # 239600

Invoice Date: 02/22/2011 Terms: 0/0/30,n/30

Page 1

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

LAURA #1
30227
31-11S-32W
2-16-11

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	200.00	16.8000	3360.00
1102	CALCIUM CHLORIDE (50#)	565.00	.7000	395.50
1118B	PREMIUM GEL / BENTONITE	375.00	.2000	75.00
4432	8 5/8" WOODEN PLUG	1.00	96.0000	96.00

Sublet Performed	Description	Total
9999-100	CASH DISCOUNT	-1072.30

Description	Hours	Unit Price	Total
439 MIN. BULK DELIVERY	1.00	410.00	410.00
445 CEMENT PUMP (SURFACE)	1.00	1025.00	1025.00
445 EQUIPMENT MILEAGE (ONE WAY)	1.00	.00	.00

COMPANY _____
WELL # Laura 1
AFE # _____
G/L ACCT CODE 1510-14
G/L DESCRIPT Cementing surface csg.
DATA ENTRY/DATE _____
AUTHORIZED/DATE 2-28-11 NHH

Parts:	3926.50	Freight:	.00	Tax:	306.27	AR	4595.47
Labor:	.00	Misc:	.00	Total:	4595.47		
Sublt:	-1072.30	Supplies:	.00	Change:	.00		

Signed _____ Date _____



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 # 239741

Invoice Date: 02/28/2011 Terms: 0/0/30,n/30 Page 1

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

LAURA #1
 30250
 31-11-32
 2-26-11

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	220.00	14.3500	3157.00
1118B	PREMIUM GEL / BENTONITE	755.00	.2400	181.20
4432	8 5/8" WOODEN PLUG	1.00	96.0000	96.00

Sublet Performed	Description	Total
9999-100	CASH DISCOUNT	-1018.84

Description	Hours	Unit Price	Total
463 P & A NEW WELL	1.00	1250.00	1250.00
558 MIN. BULK DELIVERY	1.00	410.00	410.00

COMPANY _____
 WELL # Laura 1
 AFE # _____
 G/L ACCT CODE 1510-14
 G/L DESCRIPT Cement Surface
 DATA ENTRY/DATE _____
 AUTHORIZED/DATE 3-7-11 WJK

Parts:	3434.20	Freight:	.00	Tax:	267.87	AR	4343.23
Labor:	.00	Misc:	.00	Total:	4343.23		
Sublt:	-1018.84	Supplies:	.00	Change:	.00		

Signed _____ Date _____

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

May 09, 2011

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

Re: ACO1
API 15-109-20982-00-00
Laura 1
NE/4 Sec.31-11S-32W
Logan 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,
Wink Kopczynski