



**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
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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
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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
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	New Gulf Operating LLC
Well Name	Phyllis B-1
Doc ID	1055534

Tops

Name	Top	Datum
Heebner	3110	-1363
	3284	-1537
Lansing KC	3306	-1559
Stark	3543	-1796
BKC	3623	-1876
Miss Chert	3703	-1956
Base Chert	3752	-2005
Kinderhook	3753	-2006
Viola	3916	-2169
Simpson Shale	4004	-2257
Simpson Sand	4015	-2268
Arbuckle	4047	-2327
RTD/LTD	4130	-2383

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/>

Mark Sievers, Chairman  
Ward Loyd, Commissioner  
Thomas E. Wright, Commissioner

Sam Brownback, Governor

July 25, 2011

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

Re: ACO1  
API 15-155-21571-00-00  
Phyllis B-1  
NE/4 Sec.01-24S-10W  
Reno 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

## GENERAL INFORMATION

### Client Information:

Company: NEW GULF OPERATING LLC

Contact:

Phone: Fax: e-mail:

### Site Information:

Contact: CURTIN COVEY

Phone: Fax: e-mail:

### Well Information:

Name: PHYLLIS "B" #1

Operator: NEW GULF OPERATING LLC

Location-Downhole:

Location-Surface: S1/24S/10W

### Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: CURTIS COVEY

Test Type: CONVENTIONAL Job Number: D975

Test Unit:

Start Date: 2011/06/09 Start Time: 20:15:00

End Date: 2011/06/10 End Time: 05:45:00

Report Date: 2011/06/10 Prepared By: JOHN RIEDL

Qualified By: CURTIS COVEY

### Remarks:

RECOVERY: 1900' WATER



# DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

## DRILL-STEM TEST TICKET

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

Formation Test No. \_\_\_\_\_ Interval Tested from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Total Depth \_\_\_\_\_ ft.  
 Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
 Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ 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 BOWEN 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: \_\_\_\_\_

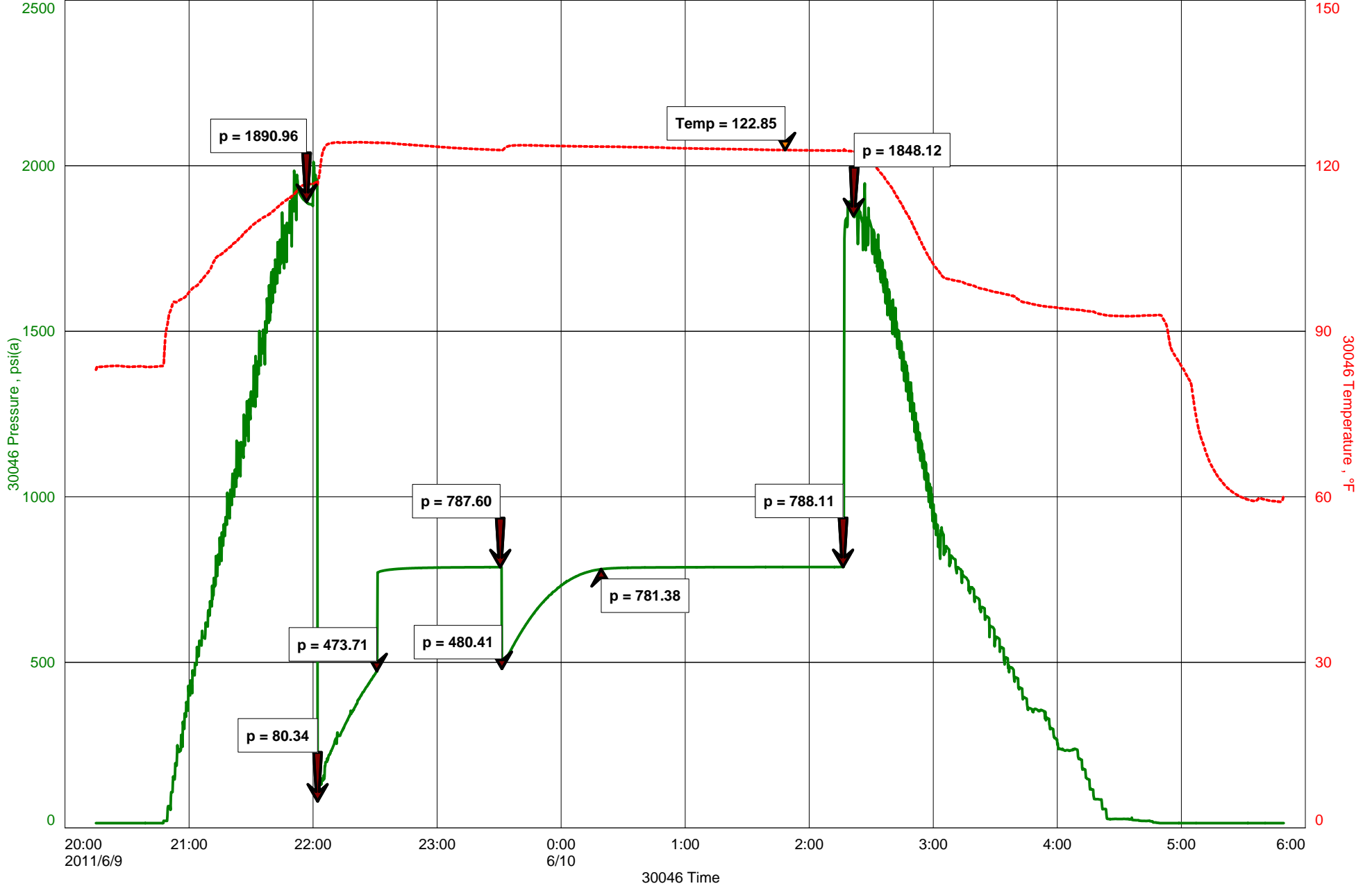
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_

Remarks: _____ _____ _____	Price Job
	Other Charges
	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.

# PHYLLIS "B" #1



## GENERAL INFORMATION

### Client Information:

Company: NEW GULF OPERATING LLC

Contact:

Phone: Fax: e-mail:

### Site Information:

Contact: CURTIS COVEY

Phone: Fax: e-mail:

### Well Information:

Name: PHYLLIS "B" #1

Operator: NEW GULF OPERATING LLC

Location-Downhole:

Location-Surface: S1/24S/10W

### Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: CURTIS COVEY

Test Type: CONVENTIONAL Job Number: D974

Test Unit:

Start Date: 2011/06/08 Start Time: 15:30:00

End Date: 2011/06/09 End Time: 01:00:00

Report Date: 2011/06/09 Prepared By: JOHN RIEDL

Qualified By: CURTIS COVEY

### Remarks:

RECOVERY: 50' GASSY MUD





# DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

## DRILL-STEM TEST TICKET

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

Formation Test No. \_\_\_\_\_ Interval Tested from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Total Depth \_\_\_\_\_ ft.  
 Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
 Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ 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.  
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Blow: 1st Open: \_\_\_\_\_  
 2nd Open: \_\_\_\_\_

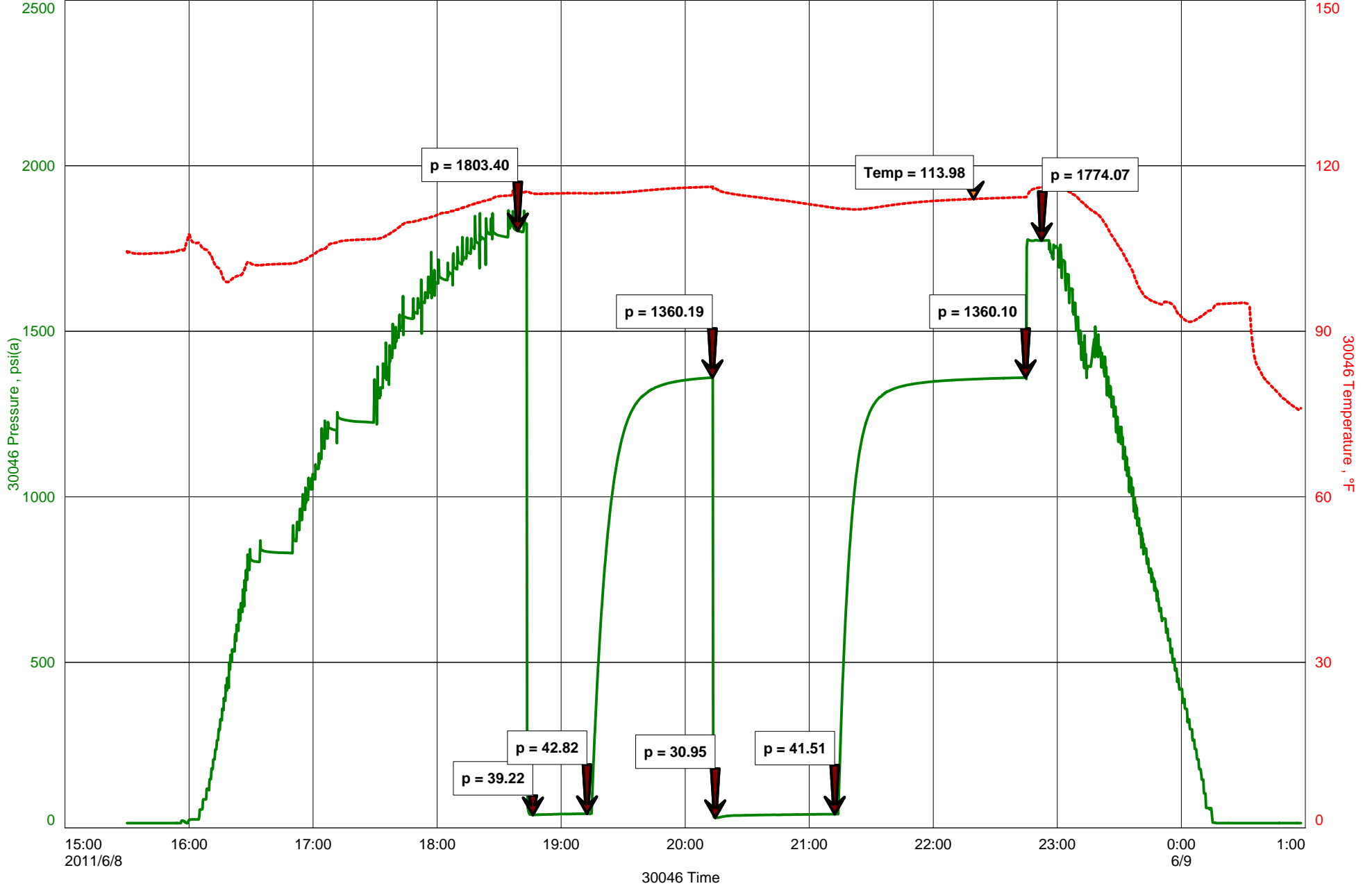
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_

Remarks: _____ _____ _____	Price Job
	Other Charges
	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.	

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# PHYLLIS "B" #1



**DRILLING REPORT**  
**NEW GULF ENERGY**  
6310 E. 102<sup>nd</sup> Street  
Tulsa, Oklahoma 74137  
Office (918) 728-3020

**# 1 PHYLLIS B**  
1287'FNL 880'FEL  
Section 1-T24S-R10W  
Reno County, Kansas  
API # 15-155-21571

Drilling Contractor: VAL DRILLING RIG 2 (620-617-2793)  
Elevation: GL 1737      **KB 1747**  
Geologist: Curtis Covey 316-258-9976 / Joe Baker 316-253-9696  
Comparison Well:      **New Gulf Energy # 1 Beverly OWWO**  
SE NE NW  
12-24S-10W  
Reno Co., Kansas

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

	E-LOG TOPS	DATUM	SHOWS
HEEBNER	3110	-1363	
BROWN LM	3284	-1537	
LANSING-KC	3306	-1559	
STARK	3543	-1796	
BKC	3623	-1876	
MISS CHERT	3703	-1956	Chert 40% w/ weathered porosity ,odor, fluorescence, gas bubbles ,med brown Pos cut/residual Pos acid/resid Hot Wire 212 Units/38 Unit Background
BASE CHERT	3752	-2005	
TOTAL CHERT	49 '		
KINDERHOOK	3753	-2006	
VIOLA	3916	-2169	Dolo Brn , good interln, suc porosity, odor, sfo, stain,odor 140 Units HW/ 84 Units Background
SIMPSON SHALE	4004	-2257	
SIMPSON SAND	4015	-2268	
ARBUCKLE	4074	-2327	
RTD	4130	-2383	
LTD	4130	-2383	

6/4/2011 Spud  
6/5/2011 801, Set 85/8 " surface @ 211'  
6/6/2011 2084' Drilling Ahead  
6/7/2011 2916' Drilling Ahead  
6/8/2011 3724' CFS in the Miss. Chert

6/9/2011 3759' Drilling Ahead

**DST # 1 MISSISSIPPIAN CHERT**

**3700-3740**

**30-60-60-90**

**1st Open: Strong Blow Off Bottom of Bucket in 1 Minute. Gas To Surface in 28 Minutes**

**1st Shut In: No Blow Back**

**2<sup>nd</sup> Open: Strong Blow OBB Immediately Gas To Surface Throughout**

**Final Shut In: No Blow Back**

**Recovery: 50' Gas Cut Mud**

**IFP/FFP: 39-43/31-42#**

**ISP/FSP: 1360/ 1360#**

**IHP/FHP: 1803/1774#**

**BHT: 114 deg.**

**Flow Rates: During 2<sup>nd</sup> Open Gas Flow rate were 19-25 MCFGPD. The original test on the Beverly Well was 4 MCFGPD.**

6/10/2011 3924' Trip back in hole w/ bit

**DST # 2 Viola**

**3910-3924**

**30-60-60-90**

**1st Open: Strong Blow Off Bottom of Bucket in 2 1/2 Minute.**

**1st Shut In: No Blow Back**

**2<sup>nd</sup> Open: Strong Blow OBB in 3 min. decreased to 6"**

**Final Shut In: No Blow Back**

**Recovery: 1900' Water w/ Strong Sulfur Odor Chl. 24,000 ppm**

**IFP/FFP: 80-474/480-781**

**ISP/FSP: 788 / 788**

**IHP/FHP: 1891/1848#**

**BHT: 123 deg.**

6/11/2011 RTD 4130' E-log

**Run 51/2 Casing to RTD Plug Down @ 9:30 PM**

The Phyllis B is structurally 29' high to the #1 Beverly at the Mississippian Chert and 25 ' high at the Viola. Based on the positive results on DST #1 on the Mississippian Chert 51/2 " casing was set .

Customer <i>NEW Gulf Opert.</i>	Lease No.	Date <i>6-11-11</i>
Lease <i>PHYLIS B</i>	Well # <i>1</i>	
Field Order # <i>4072</i>	Station <i>PRA-H KS</i>	Casing <i>5 1/2</i>
Type Job <i>CNW 5 1/2 L.S.</i>	Formation	Legal Description <i>1-24-10</i>
	Depth	County <i>RENO</i>
		State <i>KS</i>

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<i>3 1/2</i>							
Depth <i>4125</i>	Depth	From	To	Pre Pad	Max		5 Min.
Volume <i>47</i>	Volume	From	To	Pad	Min		10 Min.
Max Press <i>2,000</i>	Max Press	From	To	Frac	Avg		15 Min.
Well Connection <i>HC</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth <i>4057 80</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Sullivan</i>
Service Units <i>37900 33708 20920 19832 19867</i>		
Driver Names <i>Sullivan mason Hunter - mose</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>02:30 AM</i>					<i>on loc. soft, waiting</i>
					<i>Run 101 575' 15.5' 5 1/2" csq.</i>
					<i>cont 1, 2, 3, 5, 7, 9</i>
<i>7:45</i>					<i>CASING on Bottom</i>
<i>8:00</i>					<i>Hook Up to circ.</i>
<i>08:30</i>	<i>250</i>		<i>12</i>	<i>4</i>	<i>At mixer flush</i>
			<i>5</i>		<i>down</i>
				<i>5.5</i>	<i>At mixer cont 250 sk AN 2</i>
			<i>60</i>		<i>shut down cont mix-D with pump / 1.0</i>
					<i>Release Plug</i>
				<i>6</i>	<i>At Disc</i>
	<i>300</i>		<i>57</i>		<i>Let PG</i>
	<i>350</i>		<i>80</i>	<i>4.5</i>	<i>Slow PG</i>
<i>9:10</i>	<i>2,000</i>		<i>97</i>		<i>plug down</i>
			<i>7</i>		<i>plug R.H. side</i>
			<i>5</i>		<i>plug M.H. w/ flush</i>
					<i>5013 complete</i>
					<i>Thank you</i>

# ALLIET CEMENTING CO., LLC. 037214

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:

Great Bend, KS

DATE <u>6-4-2011</u>	SEC. <u>1</u>	TWP. <u>24S</u>	RANGE <u>10 W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASEE <u>Phyllis</u>	WELL # <u>B-1</u>	LOCATION <u>Sylvia 155, 4E 3/4 N,</u>		COUNTY <u>RENO</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one)		<u>W/INTG</u>					

CONTRACTOR Val OWNER New Gulf Operating

TYPE OF JOB Surface  
 HOLE SIZE 13 1/4 T.D. 227 FT  
 CASING SIZE 8 5/8 DEPTH 227 FT  
 TUBING SIZE DEPTH  
 DRILL PIPE 4 1/2 DEPTH 227 FT  
 TOOL DEPTH

PRES. MAX 300 PSI MINIMUM  
 MEAS. LINE SHOE JOINT 15 FT  
 CEMENT LEFT IN CSG. 15 FT  
 PERFS.

DISPLACEMENT Fresh Water 13 1/2 BBL/s  
 EQUIPMENT

PUMP TRUCK CEMENTER David W.  
 # 366 HELPER Bob R.  
 BULK TRUCK  
 # 421/252 DRIVER David F.  
 BULK TRUCK  
 # DRIVER

REMARKS:

PIPE ON BOTTOM BREAK C.I.P.C  
Mix 340sx 60:40:3%cc + 2%gel  
+ 1/4# flo-seal shut down Release  
Plug DisPlace WITH 13 1/2 BBLs,  
FRESH WATER SHUT IN  
CEMENT did cure wash up RIG  
Down.

CHARGE TO: New Gulf Operating

STREET \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COMMON	<u>204</u>	@	<u>16.25</u>	<u>3315.00</u>
POZMIX	<u>136</u>	@	<u>8.50</u>	<u>1156.00</u>
GEL	<u>6</u>	@	<u>21.25</u>	<u>127.50</u>
CHLORIDE	<u>11</u>	@	<u>58.20</u>	<u>640.20</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>357</u>	@	<u>2.25</u>	<u>803.25</u>
MILEAGE	<u>357 x 45 x .11</u>	@		<u>1767.15</u>
TOTAL				<u>7809.10</u>

DEPTH OF JOB	<u>227 FT</u>
PUMP TRUCK CHARGE	<u>1125.00</u>
EXTRA FOOTAGE	
MILEAGE <u>T-444</u>	<u>90</u>
MANIFOLD	
<u>light T-444</u>	<u>90</u>
TOTAL	<u>2115.00</u>

PLUG & FLOAT EQUIPMENT

<u>Wooden Plug</u>	@	<u>92.00</u>	<u>92.00</u>
	@		
	@		
	@		
	@		
TOTAL			<u>92.00</u>

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES 9000.10  
 DISCOUNT 9000.10 IF PAID IN 30 DAYS

To Allied Cementing Co., LLC.  
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Andy Birkwell  
 SIGNATURE Andy Birkwell

Thank you