



KANSAS CORPORATION COMMISSION 1061995
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
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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: _____



1061995

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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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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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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

August 23, 2011

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

Re: ACO1
API 15-155-21547-00-00
Dealy 1
NW/4 Sec.31-24S-09W
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,
jim Henkle

M & M Well Service

PO. Box 287
Medicine Lodge, KS 67104
620-213-0424

WORK TICKET

NEW WELL

2094

OLD WELL

RIG # 2

DATE 7-7-2011

COMPLETE

JOB TYPE

Convert well to disposal.

INCOMPLETE

COMPANY NEW GULF OPERATING

LEASE Ready

WELL# 1

ADDRESS _____

SEC _____

TWP _____

ANG _____

CITY/STATE _____

ZIP CODE _____

COUNTY Reno

STATE K.S.

POSITION	NAME	HRS	REVENUE	TRAVEL	NON REVENUE	TOTAL HRS	WKD
OPERATOR	Matt Mcbrath					12.0	
FLOOR HAND	Brandon Lukens					12.0	
FLOOR HAND	Oscar Balderama					12.0	
FLOOR HAND							

JTS	PULLED	WELL EQUIPMENT	JTS	RAN
		POLISHED RODS		
		PONY RODS		
		RODS		
		RODS		
		RODS		
		PUMP/VALVES		
		PUPS		
		TUBING		
		SN/BBL		
		ANCHOR/PACKER		
		OTHER		

DESCRIPTION OF WORK BEING PERFORMED

Drave rig to well. rigged up. Rigged up loggers. set C.I.B.P. with wireline. Rigged down loggers. waited on 1/2 unloded 2 7/8 off Semi trailer. fallied in PKR 1/2 tky. packed in. shut down. drove home.

RIG W/2 MEN _____	HRS <u>12.0</u>	PER HOUR <u>215⁰⁰</u>	TOTAL <u>2,580⁰⁰</u>
FUEL SURCHARGE _____			TOTAL _____
SWAB CUPS NO. _____ SIZE _____ TYPE _____ PER EACH _____			TOTAL _____
SWAB CUPS NO. _____ SIZE _____ TYPE _____ PER EACH _____			TOTAL _____
OIL SAVER RUBBERS _____ PER EACH _____			TOTAL _____
DOPE <u>1</u>			TOTAL <u>40⁰⁰</u>
TUBING TONGS <u>1</u>			TOTAL <u>75⁰⁰</u>
ROD TONGS _____			TOTAL _____
SOLVENT _____			TOTAL _____
OUT OF TOWN _____			TOTAL _____
MISC. _____			TOTAL _____
X _____ / _____ / _____			TOTAL _____

COMPANY REPRESENTATIVE

DATE

M & M Well Service

P.O. Box 287
 Medicine Lodge, KS 67104
 620-213-0424

WORK TICKET

NEW WELL
 OLD WELL
 RIG # 2

2096

DATE 7-11-2011

COMPLETE
 INCOMPLETE

COMPANY NEW GULF OP.
 ADDRESS _____
 CITY/STATE _____

JOB TYPE Convert well to Disposal
 LEASE Deerly WELL# 1
 SEC _____ TWP _____ ANG _____
 ZIP CODE _____ COUNTY Reno STATE K.S.

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Matt McBerth</u>				<u>12.5</u>
FLOOR HAND	<u>Brandon Lukens</u>				<u>12.5</u>
FLOOR HAND	<u>Oscar Balderama</u>				<u>12.5</u>
FLOOR HAND					

JTS	PULLED	WELL EQUIPMENT POLISHED RODS	JTS	RAN
		PONY RODS		
		RODS		
		RODS		
		RODS		
		PUMP/VALVES		
		PUPS		
		TUBING		
		SN/BBL		
		ANCHOR/PACKER		
		OTHER		

DESCRIPTION OF WORK BEING PERFORMED

Drove to rig. checked psi. 1600#. Grew well down. released pkr. pulled pkr. picked up Drill Collars. ran in tagged cement. Rigged up to drill. drilled on Cement, squeeze rest of the day. Circulated clean. shut in. shut down. drove home.

RIG W/2 MEN _____ HRS 12.5 PER HOUR 215⁰⁰

TOTAL 2,687⁵⁰

FUEL SURCHARGE _____

TOTAL _____

SWAB CUPS NO. _____ SIZE _____ TYPE _____ PER EACH _____

TOTAL _____

SWAB CUPS NO. _____ SIZE _____ TYPE _____ PER EACH _____

TOTAL _____

OIL SAVER RUBBERS _____ PER EACH _____

TOTAL _____

DOPE 1

TOTAL 40⁰⁰

TUBING TONGS 2 trips @ 75/trip

TOTAL 150⁰⁰

ROD TONGS _____

TOTAL _____

SOLVENT _____

TOTAL _____

OUT OF TOWN _____

TOTAL _____

MISC. dry wiper

TOTAL 20⁰⁰

X _____ / _____ / _____ DATE

TOTAL _____

COMPANY REPRESENTATIVE

M & M Well Service

P.O. Box 287
 Medicine Lodge, KS 67104
 620-213-0424

WORK TICKET

NEW WELL
 OLD WELL
 RIG # 2

2098

DATE 7-13-2011

COMPLETE
 INCOMPLETE

COMPANY NEW GULF OP. JOB TYPE Convert well to disposal
 ADDRESS _____ LEASE Daily WELL# 1
 CITY/STATE _____ SEC _____ TWP _____ ANG _____
 ZIP CODE _____ COUNTY Reno STATE K.S.

POSITION	NAME	HRS	REVENUE	TRAVEL	NON REVENUE	TOTAL HRS	WKD
OPERATOR	<u>Matt McBrath</u>					<u>12.5</u>	
FLOOR HAND	<u>Brandon Lukens</u>					<u>12.5</u>	
FLOOR HAND	<u>Oscar Balderama</u>					<u>12.5</u>	
FLOOR HAND							

JTS	PULLED	WELL EQUIPMENT	JTS	RAN
		POLISHED RODS		
		PONY RODS		
		RODS		
		RODS		
		RODS		
		PUMP/VALVES		
		PUPS		
		TUBING		
		SN/BBL		
		ANCHOR/PACKER		
		OTHER		

DESCRIPTION OF WORK BEING PERFORMED

Drove to location. drilled out cement to bottom of shoe joint. Drilled on bottom of shoe joint. bit was getting torque like almost through. circulated clean. shut down. drove home.

RIG W/2 MEN _____ HRS 12.5 PER HOUR 215⁰⁰ TOTAL 2,687⁵⁰
 FUEL BURCHARGE _____ TOTAL _____
 SWAB CUPS NO. _____ SIZE _____ TYPE _____ PER EACH _____ TOTAL _____
 SWAB CUPS NO. _____ SIZE _____ TYPE _____ PER EACH _____ TOTAL _____
 OIL SAVER RUBBERS _____ PER EACH _____ TOTAL _____
 DOPE _____ TOTAL _____
 TUBING TONGS _____ TOTAL _____
 ROD TONGS _____ TOTAL _____
 SOLVENT _____ TOTAL _____
 OUT OF TOWN _____ TOTAL _____
 MISG. _____ TOTAL _____
 X _____ / _____ / _____ DATE _____ TOTAL _____

COMPANY REPRESENTATIVE

DATE

M & M Well Service

P.O. Box 287
 Medicine Lodge, KS 67104
 620-213-0424

WORK TICKET

NEW WELL
 OLD WELL
 RIG # 2

2099

DATE 7-14-2011

COMPLETE
 INCOMPLETE

JOB TYPE Convert well to disposal

COMPANY NEW GULF OP.

LEASE Dealy WELL# 1

ADDRESS _____ SEC _____ TWP _____ ANG _____

CITY/STATE _____ ZIP CODE _____ COUNTY Reno STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	Matt McBrath				13.0
FLOOR HAND	Brandon Lukens				13.0
FLOOR HAND	Oscar Bullarama				13.0
FLOOR HAND					

JTS	PULLED	WELL EQUIPMENT	JTS	RAN
		POLISHED RODS		
		PONY RODS		
		RODS		
		RODS		
		RODS		
		PUMP/VALVES		
		PUPS		
		TUBING		
		SN/BBL		
		ANCHOR/PACKER		
		OTHER		

DESCRIPTION OF WORK BEING PERFORMED

Drove to Location. Finished Drilling through shoe joint. circulated through 200' of drilling mud in open hole. tagged bottom. waited on clear water. Circulated hole with clear water. P.O.O.H with bit. Laged down drill collars. ran in open ended for acid job.

RIG W/2 MEN _____	HRS <u>13.0</u>	PER HOUR <u>215⁰⁰</u>	TOTAL <u>2,795⁰⁰</u>
FUEL SURCHARGE _____			TOTAL _____
SWAB CUPS NO. _____ SIZE _____ TYPE _____ PER EACH _____			TOTAL _____
SWAB CUPS NO. _____ SIZE _____ TYPE _____ PER EACH _____			TOTAL _____
OIL SAVER RUBBERS _____ PER EACH _____			TOTAL _____
DOPE <u>1</u>			TOTAL <u>40⁰⁰</u>
TUBING TONGS <u>2</u>			TOTAL <u>150⁰⁰</u>
ROD TONGS _____			TOTAL _____
SOLVENT <u>3gal @ 385</u>			TOTAL <u>1155</u>
OUT OF TOWN _____			TOTAL _____
MISC. _____			TOTAL _____
X _____ / _____ / _____			TOTAL _____

COMPANY REPRESENTATIVE

DATE

M & M Well Service

PO. Box 287
Medicine Lodge, KS 67104
620-213-0424

WORK TICKET

NEW WELL
OLD WELL
RIG # 2

2100

DATE 7-15-2011

COMPLETE
INCOMPLETE

JOB TYPE Convert well to disposal

COMPANY NEW GULF OP. LEASE Dealy WELL# 1
ADDRESS _____ SEC _____ TWP _____ ANG _____
CITY/STATE _____ ZIP CODE _____ COUNTY Renov STATE KS.

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	Matt McBrath				12.0
FLOOR HAND	Brandon Lullens				12.0
FLOOR HAND	Osac Baldeama				12.0
FLOOR HAND					

JTS	PULLED	WELL EQUIPMENT POLISHED RODS	JTS	RAN
		PONY RODS		
		RODS		
		RODS		
		RODS		
		PUMP/VALVES		
		PUPS		
		TUBING	130	278
		SN/BBL		
		ANCHOR/PACKER		278 x 5 1/2 G.G. Compression
		OTHER		

DESCRIPTION OF WORK BEING PERFORMED

Drove to location. lowered tly. spotted acid. pulled into cased hole. acidized. pulled tly. ran in G-6 Compression PKR. on tly. circulated pkr fluid to bottom. set pkr. pressured up. Casing would not hold pressure. Gled air, tried to set pkr in various spots. Casing would still not mit. test. Rigged down tly tools. picked up location. R.O.M.O.

RIG W/2 MEN _____	HRS <u>12.0</u>	PER HOUR <u>215⁰⁰</u>	TOTAL <u>2,580⁰⁰</u>
FUEL SURCHARGE _____			TOTAL _____
SWAB CUPS NO. _____ SIZE _____ TYPE _____ PER EACH _____			TOTAL _____
SWAB CUPS NO. _____ SIZE _____ TYPE _____ PER EACH _____			TOTAL _____
OIL SAVER RUBBERS _____ PER EACH _____			TOTAL _____
DOPE <u>1</u>			TOTAL <u>40⁰⁰</u>
TUBING TONGS <u>2</u>			TOTAL <u>150⁰⁰</u>
ROD TONGS _____			TOTAL _____
SOLVENT <u>5 gal @ 385</u>			TOTAL <u>1985</u>
OUT OF TOWN _____			TOTAL _____
MISC. <u>tly wiper</u>			TOTAL <u>20⁰⁰</u>
X _____ / _____ / _____			TOTAL _____

COMPANY REPRESENTATIVE

DATE

Customer <i>New Gulf Opadine</i>	Lease No.	Date <i>7-8-11</i>	
Lease <i>DAILY</i>	Well # <i>1</i>	County <i>RENO</i>	State <i>KS</i>
Field Order # <i>3937</i>	Station <i>PRATT KS</i>	Casing	Depth
Type Job <i>CNW Systems Pkts</i>	Formation	Legal Description <i>31-29-9</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>5 1/2</i>	<i>3 1/8</i>			Pre Pad	Max		5 Min.	
Depth	Depth	From	To	Pad	Min		10 Min.	
Volume	Volume	From	To	Frac	Avg		15 Min.	
Max Press	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth	Packer Depth	From	To					

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Williams</i>
Service Units	Driver Names	
<i>37900 33708 20920 19960 19918</i>	<i>Sullivan Melon Phye</i>	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>8:00</i>					<i>on line soft, ready</i>
<i>8:32</i>		<i>2,000</i>	<i>10</i>	<i>1 1/2</i>	<i>Test Plug</i>
<i>8:37</i>		<i>0</i>			<i>Relax - Ps. pull 5 JTS</i>
<i>8:55</i>	<i>500</i>		<i>22</i>	<i>1</i>	<i>Pressure Annulus</i>
<i>9:08</i>					<i>shut down</i>
<i>9:10</i>		<i>100</i>	<i>8</i>	<i>2 1/2</i>	<i>set Injection Pkts</i>
<i>9:15</i>					<i>ST max cont 50 sk w/ 2% cc.</i>
		<i>150</i>			<i>Tail on column cont</i>
		<i>650</i>	<i>34</i>		<i>Ps. increase</i>
				<i>1</i>	<i>shut down</i>
		<i>1200</i>	<i>8</i>		<i>100 sk out to ports</i>
		<i>1500</i>	<i>9 1/2</i>		
<i>9:35</i>					<i>shut down stage 13 1/2 MAC cont in tube</i>
<i>9:40</i>					<i>Relax Ps. & square hold</i>
<i>9:43</i>	<i>1150</i>	<i>1150</i>		<i>1</i>	<i>open by PASE Reverser out</i>
<i>10:10</i>			<i>20</i>		<i>shut down Tub clean</i>
					<i>pull 5 JTS</i>
		<i>500</i>			<i>Pressure up tube</i>
<i>10:20</i>					<i>shut in</i>
					<i>JOB complete</i>
					<i>Thank you</i>



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 03437 A

DATE _____ TICKET NO. _____

DATE OF JOB: <i>7-8-11</i> DISTRICT: <i>Pratt Kc</i>		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: <i>New gulf Operating</i>		LEASE: <i>Oealy 1</i>	WELL NO.:
ADDRESS:		COUNTY: <i>Reno</i>	STATE: <i>Ks</i>
CITY:	STATE:	SERVICE CREW: <i>Sullivan, Wilson, Phye</i>	
AUTHORIZED BY:		JOB TYPE: <i>COW Square Ponds</i>	

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
<i>33708-20920</i>	<i>50 min</i>						<i>7-8-11</i>		<i>7:00</i>
<i>19960-19918</i>	<i>30 min</i>								<i>7:45</i>
<i>37900</i>									<i>8:32</i>
									<i>10:20</i>
									<i>10:45</i>
						MILES FROM STATION TO WELL			<i>35</i>

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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<i>CP 100</i>	<i>Common cmf</i>	<i>SK</i>	<i>175</i>		<i>1,800 00</i>
<i>CC 109</i>	<i>Calcium chloride</i>	<i>lb</i>	<i>160</i>		<i>160 00</i>
<i>E 100</i>	<i>Pickup milage</i>	<i>mi.</i>	<i>35</i>		<i>140 75</i>
<i>E 101</i>	<i>Heavy 80wt mi.</i>	<i>mi.</i>	<i>20</i>		<i>490 00</i>
<i>CE 204</i>	<i>Depth change 3001-4000'</i>	<i>SA</i>	<i>1</i>		<i>2,160 00</i>
<i>E 113</i>	<i>Bulk Delivery</i>	<i>TIN</i>	<i>289</i>		<i>467 00</i>
<i>CE 240</i>	<i>Blending - mixing dump</i>	<i>SK</i>	<i>175</i>		<i>245 00</i>
<i>S 003</i>	<i>Scum Super</i>	<i>SA</i>	<i>1</i>		<i>175 00</i>
<i>CE 500</i>	<i>cmf Square manifold</i>	<i>SA</i>	<i>1</i>		<i>430 00</i>
SUB TOTAL					

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
<i>Thank you</i>		TOTAL <i>VG</i> <i>5,592.21</i>

SERVICE REPRESENTATIVE: <i>Robert Jellison</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO. _____



SALES & SERVICE OFFICE # 17332
PAGE # 1

CUSTOMER: NEW Gulf OPERATING LLC DATE: 7-7-11

LEASE: DEAL
WELL NO: SWA

MIDCON REPRESENTATIVE: D. Brozek DISTRICT: KS.

TELEPHONE: 620-793-7400

KB: 10' CASING: 5 1/2" LINER: 2 7/8" (FLUIDS:) INITIAL:
SIZE/WT: 5 1/2" SIZE/WT: 2 7/8" FINAL:

MAX. O.D.	MIN. I.D.	WELL PROFILE		DESCRIPTION
		LENGTH	DEPTH	
				<p>0830 ON LOC setting CIRP set CIRP @ 3930' 0915 Tubing on LOC. 1015 Tubing unloader 1020 TALLY PKR IN hole Let PKR hang @ 3750' Done for the DAY Set PKR @ 3911' (-17) test CIRP to 2000# - hold set PKR @ 3750' (-22) Press Ann to 500#, Inj rate 2.88PPH @ 100#. Mix & pump 50 sks 2% occ & 125 sk neat. Press spike to 1000# start displacement - Displace 9 1/2 Bbl 1/2 BPH press climbing to 1500# - shut down holding, wait 5 min, bleed off & reverse clean w/ 30 Bbl Set PKR @ 3580' (-27) press squeeze to 500# & shut in over weekend</p>
		PERFS	3854' 3884'	
		CIRP	3930'	
			-46'	



Great Bend, KS
Cheyenne Wells, CO

Net 7.

28"
80

2.33
80
3.13

32.22

Customer

NEW GULF OPER, INC

Lease

DEALY SWD

NO.	FT.	Tenths	FT.	Tenths	FT.	Tenths	FT.	Tenths	FT.	Tenths	FT.	Tenths	FT.	Tenths
1	32	46	32	05	32	55	31	97	32	47	32	09		
2	30	71	32	54	32	64	31	95	32	54	32	52		
3	32	54	32	01	32	62	32	51	32	51	32	55		
4	32	52	31	30	31	99	32	50	32	54	32	53		
5	32	55	32	29	32	46	32	66	32	06	32	52		
6	32	51	31	99	32	52	32	50	32	25	31	99		
7	32	01	31	15	32	51	32	66	31	97	32	54		
8	31	96	31	97	31	97	32	54	32	55	32	01		
9	32	49	32	03	30	91	32	40	31	95	32	02		
10	32	51	32	01	32	51	32	50	32	49	32	59		
11	32	61	32	54	32	05	32	61	32	49	32	03		
12	31	99	32	56	32	55	31	95	32	45	32	03		
13	31	97	32	09	32	59	32	03	32	50	32	02		
14	32	51	32	55	32	29	32	47	31	96				
15	32	05	32	54	32	03	32	53	32	54				
16	32	54	32	57	32	54	32	54	32	11				
17	32	52	32	44	32	55	32	55	32	03				
18	31	61	32	52	31	99	32	53	32	26				
19	32	51	32	54	32	52	32	-	32	29				
20	32	55	32	43	32	69	32	03	31	40				
21	32	02	32	49	32	02	30	97	32	55				
22	32	55	32	46	32	41	32	64	32	55				
23	32	10	32	29	32	14	32	11	31	99				
24	29	35	31	97	32	02	32	69	32	50				
25	32	54	32	59	32	05	32	51	32	50				
TOTAL	803	68	815	92	807	12	808	25	807	45	419	44		

Row 1
Row 2 1609.60
Row 3 2416.72
Row 4 3225.01
Row 5 4032.52
Row 6 4451.96
Row 7
TOTAL

Total No. Joints 138

Tallied By _____

Size _____

Wt. _____

Thread _____

Grade _____