



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: _____



1078669

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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Form	ACO1 - Well Completion
Operator	New Gulf Operating LLC
Well Name	Sheetz 2
Doc ID	1078669

Tops

Name	Top	Datum
ANHYDRITE	2500	484
BASE ANHYDRITE	2522	462
STOTLER	3596	-612
TOPEKA	3722	-738
HEEBNER	3942	-958
LANSING	3984	-1000
MUNCIE CREEK	4125	-1141
STARK	4210	-1226
BKC	4277	-1293
MARMATON	4312	-1328
FT SCOTT	4463	-1479
CHEROKEE	4489	-1505
JOHNSON	4520	-1536
MORROW SHALE	4551	-1567
MORROW SAND	4570	-1586
MISS	4596	-1591
RTD	4675	-1612
LTD	4674	-1690

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

April 12, 2012

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

Re: ACO1
API 15-109-21056-00-00
Sheetz 2
SW/4 Sec.16-12S-32W
Logan County, Kansas

Dear Production Department:

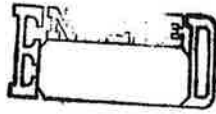
We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

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

Respectfully,



CONSOLIDATED
Oil Well Services, LLC



TICKET NUMBER 33772
LOCATION Oakley
FOREMAN Kelly Gabe
Fuzzy McCullick

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-11-12	5661	Scheets # 1	16	12	32	Logan
CUSTOMER			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS			OAKLEY			
CITY			75			
STATE			16			
ZIP CODE			15			
			WINDO			
			4664128 Wes F			

JOB TYPE Prod-DV HOLE SIZE 7 7/8" HOLE DEPTH 4675 CASING SIZE & WEIGHT 5 1/2 14#
CASING DEPTH 4672 DRILL PIPE _____ TUBING _____ OTHER DV @ 2550'
SLURRY WEIGHT 2.13 - 12.5 SLURRY VOL 1.42 - 1.9 WATER gal/sk 6.7 - 10.8 CEMENT LEFT in CASING 42'
DISPLACEMENT 110 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: 50 water cement Safety meeting. Rigged up on Val Drilling Rig #4, Hook up to circulate for 1hr, Pum 5 bbl water 500 gal mud flush, 5 bbl water, Mix 125 SKS OWC 5# oil/sk, Wash pumps & lines. Drop plug & displace with 50 bbl water 60 bbl mud 200# 11ft plug landed @ 1400', Dropped DV Bomb, tool opened @ 1100' CIRCH hrs mixed 20 SKS MH, 30 SKS RH, Pumped 5 bbl water, & mixed 400 SKS 60/40 8 gal 1/4" Flo-seal cleaned pumps & lines, Released Plug & displaced with 62 db l water, 75# 11ft plug landed @ 1500' cement did circulate approx 15 bbl top it Centralizers on JTS 1, 3, 6, 10, 14, 18, 22, 24, 49, 52 Basket on # 49 DV Tool on top of # 50

Thank You Kelly & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5407C	1	PUMP CHARGE	3020 ⁰⁰	3020 ⁰⁰
5406	7	MILEAGE	5 ⁰⁰	35 ⁰⁰
5407	27.59	Ton mileage delivery	167	410 ⁰⁰
1126	175 SKS	OWC	22 ⁵⁵	3946 ²⁵
1131	450 SKS	60/40 Poz	15 ¹⁰	6795 ⁰⁰
1118B	3256#	Bentonite	.25	814 ⁰⁰
1110A	875#	Kol-seal	.56	490 ⁰⁰
11446	500 gal	mud flush	1 ⁰⁰	500 ⁰⁰
1107	113#	flo-seal	2 ⁸²	3186 ⁶⁰
4159	1	5 1/2 AFU float shoe	413 ⁰⁰	413 ⁰⁰
4130	10	5 1/2 centralizers	58 ⁰⁰	580 ⁰⁰
4104	1	5 1/2 Basket	276 ⁰⁰	276 ⁰⁰
41283	1	5 1/2 DV Tool w/ latch down	3850 ⁰⁰	3850 ⁰⁰

21447.91
Less 10% disc 2144.79
19303.12
SALES TAX 1262.40
ESTIMATED TOTAL 20565.52
4100PM Darryl Birchfield 247126 TITLE _____ DATE 1-11-12

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.

GENERAL INFORMATION

Client Information:

Company: NEW GULF

Contact: JOE BAKER

Phone: Fax: e-mail:

Site Information:

Contact: STEVE MURPHY

Phone: Fax: e-mail:

Well Information:

Name: SHEETZ #2

Operator: NEW GULF

Location-Downhole:

Location-Surface: S16/12S/32W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: STEVE MURPHY

Test Type: CONVENTIONAL Job Number: D1079

Test Unit:

Start Date: 2012/01/07 Start Time: 17:00:00

End Date: 2012/01/08 End Time: 00:40:00

Report Date: 2012/01/08 Prepared By: JOHN RIEDL

Remarks: Qualified By: STEVE MURPHY

RECOVERY: 90' GAS IN PIPE, 30' GAS CUT OIL, 260' 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: _____

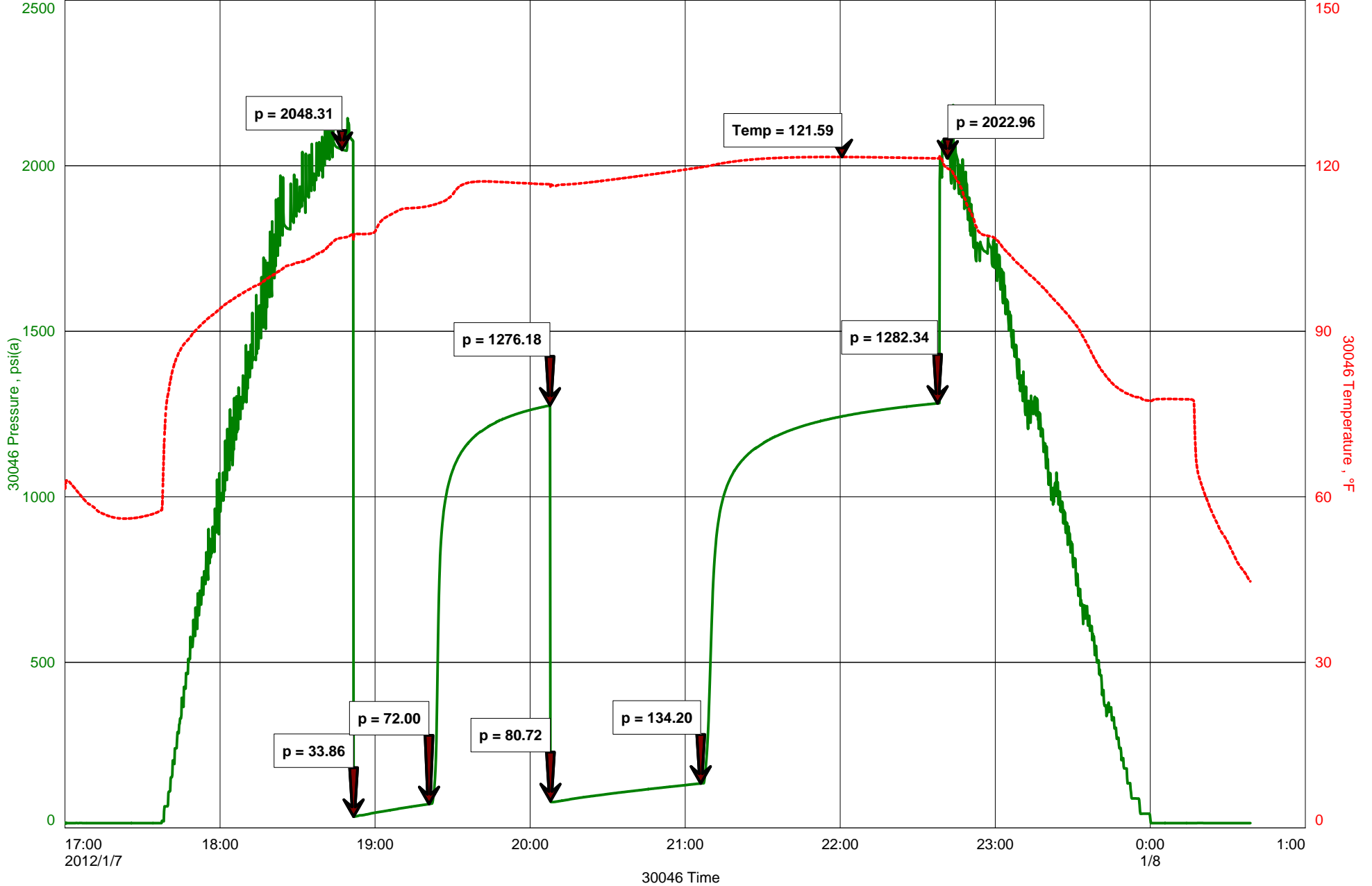
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

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.

SHEETZ #2



DRILLING REPORT

NEW GULF ENERGY

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

2 SHEETZ

1952' FSL 1094'FWL
Section 16-T12S-R32W
Logan County, Kansas

Elevation: **GL 2974 KB 2984**

API # 15-109-21055

Drilling Contractor: **VAL DRILLING RIG 4** 620-617-2793
Larry Hinderliter (Toolpusher) 620-804-0097

Well-site Geologist: Steven P. Murphy 620-639-3030
New Gulf Geologist: Joe Baker 316-253-9696 (cell)
316-733-5826 (home)

Reference Well : **New Gulf Energy**
1 Sheetz KB 3003
470'FSL 356'FEL
16-12S-32W
Logan Co., Kansas

New Gulf Drilling Supervisor: Jim Henkle 620-617-2868

	TOPS	DATUM	Reference Well
ANHYDRITE	2500	484	-5
BASE ANHYDRITE	2522	462	-5
STOTLER	3596	-612	1
TOPEKA	3722	-738	1
HEEBNER	3942	-958	-1
LANSING	3984	-1000	3
MUNCIE CREEK	4125	-1141	4
STARK	4210	-1226	1
BKC	4277	-1293	2
MARMATON	4312	-1328	1
FT SCOTT	4463	-1479	6
CHEROKEE	4489	-1505	6
JOHNSON	4520	-1536	9
MORROW SHALE	4551	-1567	16
MORROW SAND	4570	-1586	
MISS	4596	-1612	1
RTD	4675	-1591	
LTD	4674	-1690	

12/27 Move Rig Shut down
1/2/12 Spud : Set Surface: 6 Jts New 24# 8 5/8" Tally 241.60
Set @ 253' cement w/ 180 Sxs Common 3% CC 2% gel
Cement Did Circulate
1/3/12 660'

1/4/12 2110' Drilling Ahead
1/5/12 3170'
1/6/12 3875' Bit Trip
1/7/12 4200' CFS in the Lansing" I" zone DST # 1
1/8/12 4255' Drilling in the lower Lansing
1/9/12 4520' Short Trip prior to cutting Johnson
1/10/12 4625' Drilling Miss
1/11/12 4675 RTD Run Casing

DST # 1 Lansing I & J

4180-4216

30-45-60-90

1st Open: Building to 10"

1st Shut In: No Blow Back

2nd Open: Weak 2" Decreasing to 1 "

2nd Shut In: No Blow Back

Recovery:

90' Gas In Pipe

30' Clean Gassy Oil (10% Gas, 90% Oil) 37 Gravity @ 60 degrees

260 ' Water (Chlorides 30,000 ppm System Chlorides 2000 ppm)

TOTAL FLUID RECOVERY: 290' in drill pipe

IFP/FFP: 32-72#/81-134#

ISP/FSP: 1276/1282#

IHP/FHP: 2048/2023#

DST # 1 Johnson

4514-4560

Packer Failure: Miss Run

SHOWS:

LANSING

4040 - Ls crm-tan, oolitic-fair interxln/vuggy porosity ,ssfo, stain ,fr odor

4084- Ls crm-tan, mostly dense, rare pinpt por, ssfo, spotty stn, sl odor

4102- Ls crm-tan fnxln, rare pnpt por, v spotty stain.sl odor

4142-45(H) Ls crm-brn/gry vfnxln-dns, rare oolic w/ interool por, nsfo,sl stn, sl odor

4168 (I) Ls crm-brn fnxln, mostly dns, rare poor internln por, vssfo on bk, min edge stn, sl odor Dst #1

4192-95 (J) Ls crm-gry,fnxln-foss, oolitic in pt,gd vuggy por, fsfo,gd sat stn, str odor Dst # 1

4222-26 (K) Ls crm chaly, pr interxln por, sso@ brk, sl odor, sl resid stn

JOHNSON

4532-42 (Upper Johnson) Ls crm fnxln sl chalky, gd interxln-vuggy por, GSFO, sat even stn, strong odor

4553-59 (Lower Johnson) Ls tan, mostly barren, rare inter-vug por, ssfo,spotty stn, fr odor

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

April 30, 2012

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

Re: ACO-1
API 15-109-21056-00-00
Sheetz 2
SW/4 Sec.16-12S-32W
Logan County, Kansas

Dear Winfred Kopczynski:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 12/11/2011 and the ACO-1 was received on April 30, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department