



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1080412  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back       Conv. to GSW       Conv. to Producer
- 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

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27       NAD83       WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical 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

- Confidentiality Requested  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

1080412

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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  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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------	-------	---------	------------	---

Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	--	---

Form	ACO1 - Well Completion
Operator	New Gulf Operating LLC
Well Name	David 1-32
Doc ID	1080412

Tops

Name	Top	Datum
Anhydrite	2436	724
Base Anhydrite	2453	707
Stotler	3632	-427
Topeka	3779	-619
Heebner	4025	-865
Toronto	4040	-880
Lansing	4067	-907
Muncie Creek Shale	4260	-1110
Stark Shale	4363	-1203
B/KC	4490	-1330
Pawnee	4602	-1402
Ft. Scott		
Cherokee Sh	4644	-1484
Lower Cherokee Sh	4675	-1515
Johnson	4719	1559
Morrow Shale	4820	-1660
Mississippi	4881	-1721

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

May 07, 2012

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

Re: ACO1  
API 15-171-20874-00-00  
David 1-32  
NW/4 Sec.32-17S-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,



# Pressure Survey Report

## General Information

<b>Company Name</b>	NEW GULF OPERATING	<b>Contact</b>	DANNY BIRDWELL
<b>Well Name</b>		<b>Well Name</b>	DAVID #1-32
<b>Unique Well ID</b>	DST#1 LANSING 'H' 4,294' - 4,328'	<b>KB Elevation (SL)</b>	m
<b>Surface Location</b>	SEC 32-17S-34W SCOTT COUNTY, KS	<b>CF Elevation (SL)</b>	m
<b>Well License Number</b>		<b>GL Elevation (SL)</b>	m
<b>Field</b>	WILDCAT	<b>KB-CF Offset</b>	m
<b>Well Type</b>		<b>KB-GL Offset</b>	m

## Test Information

<b>Test Type</b>	CONVENTIONAL DRILL-STEM TEST	<b>Job Number</b>	
<b>Formation</b>	DST #1 LANSING 'H' 4,294' - 4,327	<b>Representative</b>	ROGER D FRIEDLY
<b>Well Fluid Type</b>	01 Oil	<b>Well Operator</b>	NEW GULF OPERATING
<b>Test Purpose (AEUB)</b>		<b>Report Date</b>	2012/04/21
<b>H2S</b>	ppm	<b>Prepared By</b>	ROGER D. FRIEDLY

### Test/Production Interval

<b>Top(Log KB)</b>	m	<b>Top(TVD KB)</b>	m
<b>Bottom(Log KB)</b>	m	<b>Bottom(TVD KB)</b>	m
<b>MPP(Log KB)</b>	m	<b>MPP(TVD KB)</b>	m

<b>Start Test Date</b>	2012/04/21	<b>Start Test Time</b>	15:13:00
<b>Final Test Date</b>	2912/04/21	<b>Final Test Time</b>	22:15:00
<b>Date Well Shut-In</b>		<b>Time Well Shut-In</b>	
<b>Flow Duration</b>		<b>Shut-In Duration</b>	

<b>Tubing Pressure: Initial</b>	kPa(a)	<b>Casing Pressure: Initial</b>	kPa(a)
<b>Tubing Pressure: Final</b>	kPa(a)	<b>Casing Pressure: Final</b>	kPa(a)

## Wellbore Information

<b>Flow Path</b>		<b>Completion Type</b>	
<b>Tubing ID</b>	mm	<b>Casing ID</b>	mm
<b>Tubing OD</b>	mm	<b>Casing OD</b>	mm
<b>Tubing Depth(Log KB)</b>	m	<b>Tubing Depth(TVD KB)</b>	m
<b>Casing Depth(Log KB)</b>	m	<b>Casing Depth(TVD KB)</b>	m
<b>Packer Depth(Log KB)</b>	m	<b>Packer Depth(TVD KB)</b>	m
<b>PBTD(Log KB)</b>	m	<b>PBTD(TVD KB)</b>	m

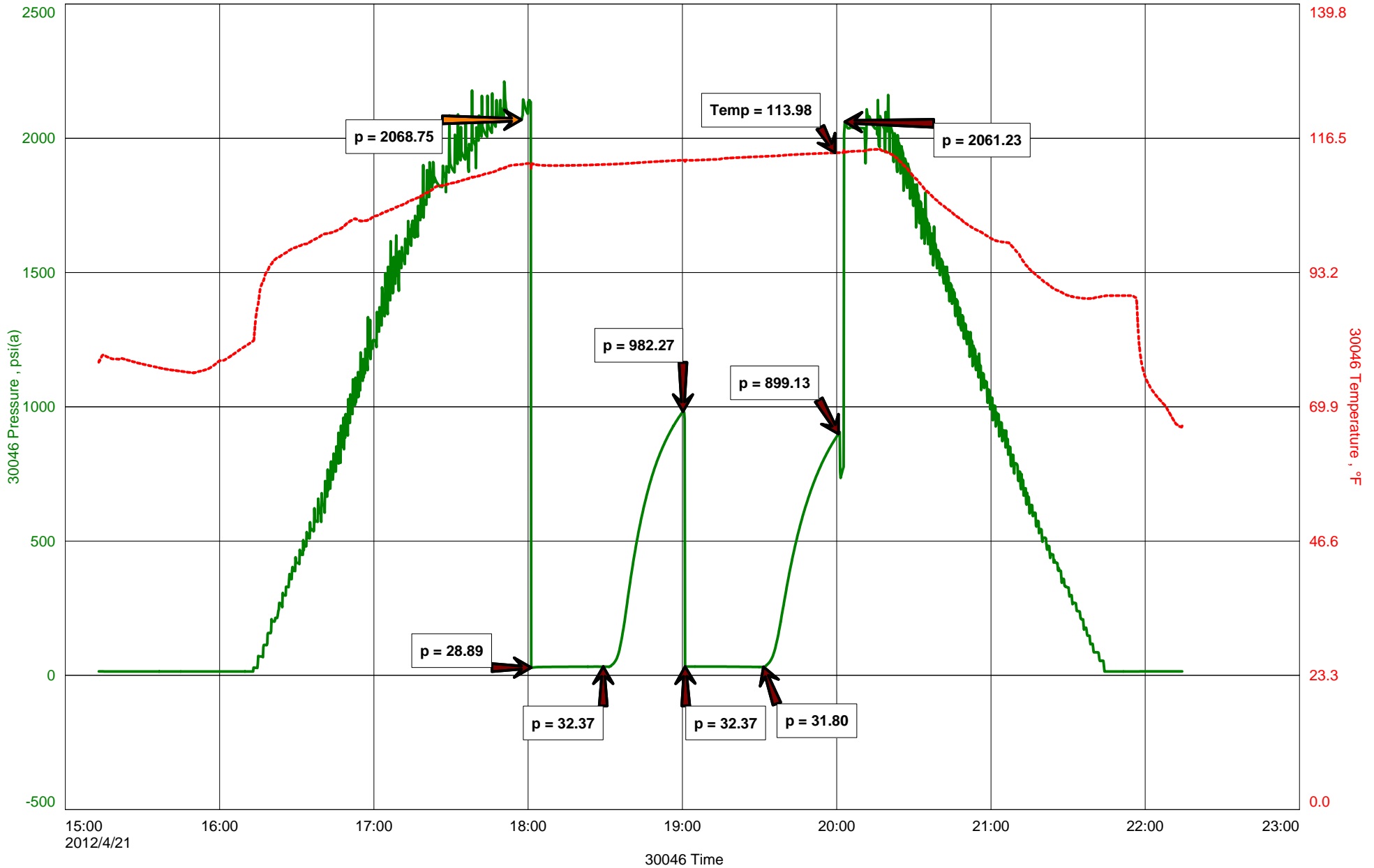
## Test Results

<b>Gauge Name</b>	30046
<b>Gauge Serial Number</b>	
<b>Run Depth (TVD KB)</b>	m
<b>Pressure at Run Depth</b>	kPa(a)
<b>Pressure at MPP</b>	kPa(a)
<b>Temperature at Run Depth</b>	°C

RECOVERED: 5' DM 100% MUD

TOOL SAMPLE: 100% DM WITH GOOD OIL SPECKS

# DAVID #1-32





# 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

	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.

## GENERAL INFORMATION

### Client Information:

Company: NEW GULF OPERATING

Contact: DANNY BIRDWELL

Phone: Fax: e-mail:

### Site Information:

Contact: CURTIS COVEY

Phone: Fax: e-mail:

### Well Information:

Name: DAVID #1-32

Operator: NEW GULF OPERATING

Location-Downhole: DST#2 MARMATON (ALTAMONT) 4,530' - 4,556'

Location-Surface: SEC 32-17S-34W SCOTT COUNTY, KS

### Test Information:

Company: DIAMOND TESTING

Representative: ROGER D.FRIEDLY

Supervisor: CURTIS COVEY

Test Type: CONVENTIONAL DRILL-STEM TEST Job Number:

Test Unit: NO. 2

Start Date: 2012/04/22 Start Time: 19:23:00

End Date: 2012/04/23 End Time: 03:21:00

Report Date: 2012/04/23 Prepared By: ROGER D. FRIEDLY

Qualified By: CURTIS COVET

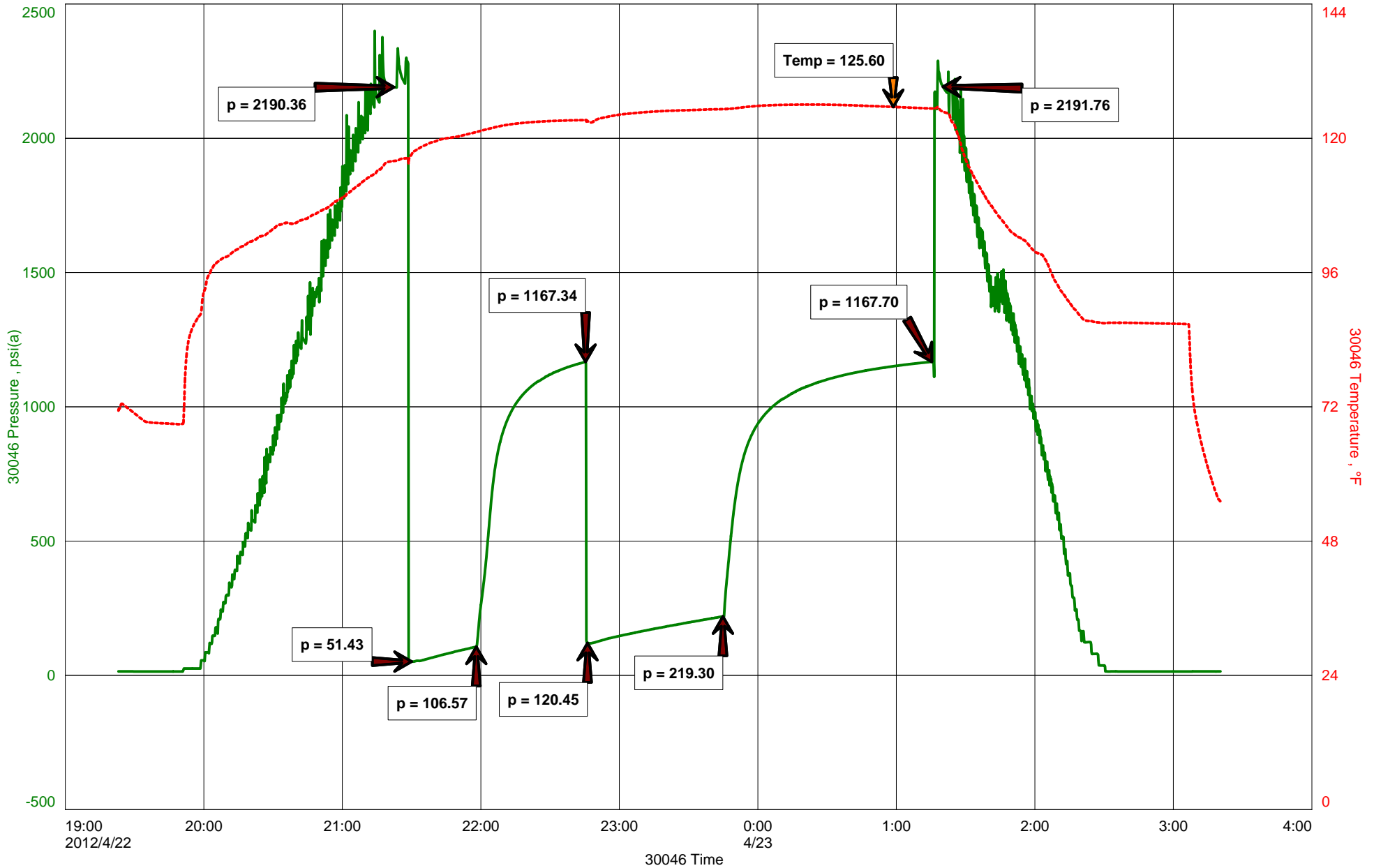
**RECOVERED:** 1,478' GAS IN PIPE\tab\par\tab 444' CLEAN OIL 32.4 GRAVITY @ 60 deg.  
62' HGCMO 12% GAS, 48% OIL, 40% MUD  
506' TOTAL FLUID\par\par\par  
**TOOL SAMPLE:** 12% GAS, 66% OIL, 22% MUD  
\tab



NEW GULF OPERATING  
DST#2 MARMATON (ALTAMONT) 4,530' - 4,556'  
Start Test Date: 2012/04/22  
Final Test Date: 2012/04/23

DAVID #1-32  
Formation: DST #2 MARMATON (ALTAMONT) 4,530'- 4,556'

# DAVID #1-32





# 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.

## GENERAL INFORMATION

### Client Information:

Company: NEW GULF OPERATING

Contact: DANNY BIRDWELL

Phone: Fax: e-mail:

### Site Information:

Contact: CURTIS COVEY

Phone: Fax: e-mail:

### Well Information:

Name: DAVID #1-32

Operator: NEW GULF OPERATING

Location-Downhole: DST #3 MORROW 4,890' - 4,953'

Location-Surface: SEC 32-17S-34W SCOTT COUNTY, KS

### Test Information:

Company: DIAMOND TESTING

Representative: ROGER D. FRIEDLY

Supervisor: CURTIS COVEY

Test Type: CONVENTIONAL DRILL-SETM TEST Job Number:

Test Unit: NO. 2

Start Date: 2012/04/24 Start Time: 12:30:00

End Date: 2012/04/24 End Time: 19:57:00

Report Date: 2012/04/24 Prepared By: ROGER D. FRIEDLY

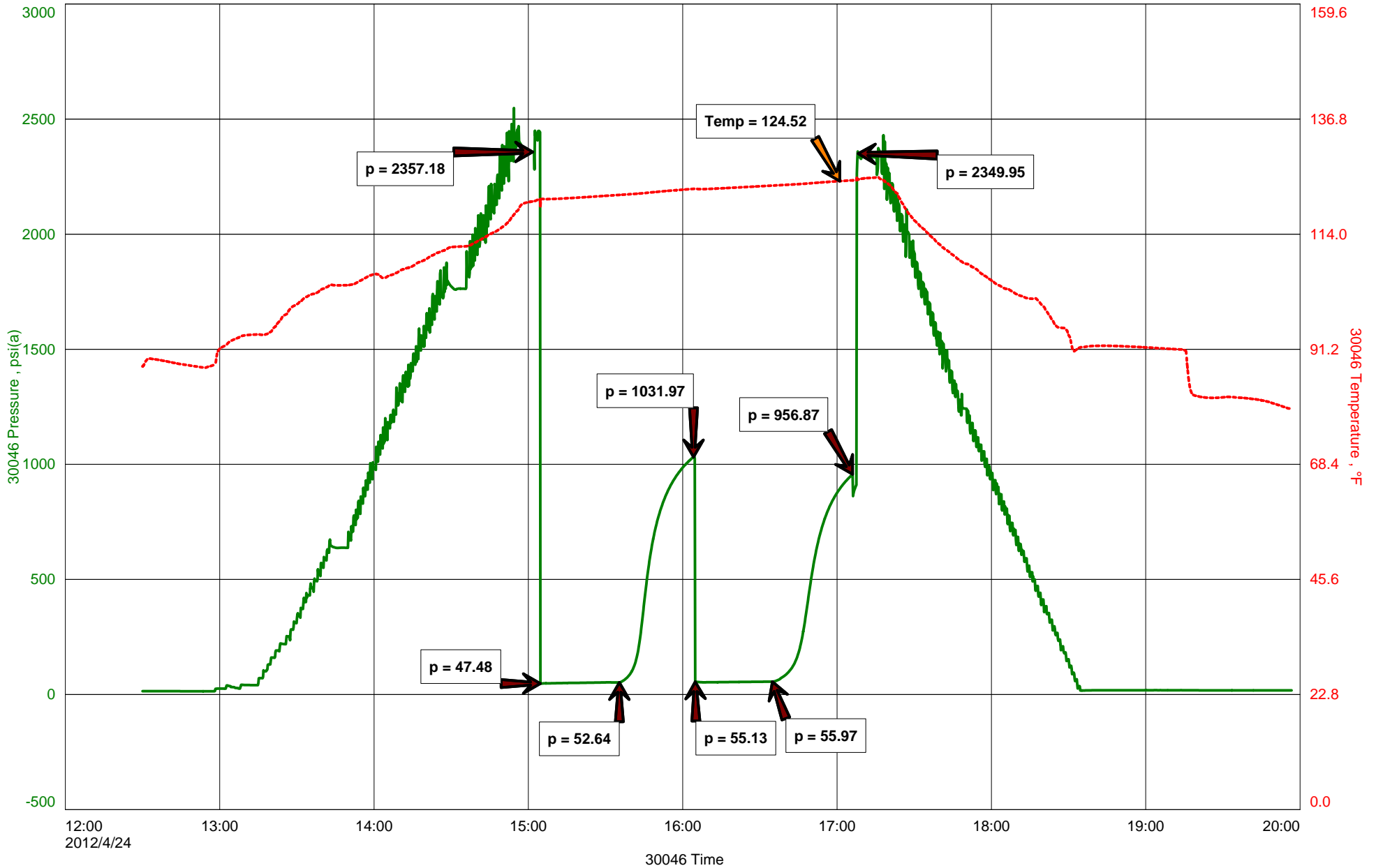
Qualified By: CURTIS COVEY

**Remarks:**  
RECOVERED: \tab 10' CLEAN OIL 28.5 GRAVITY @ 60 deg.\par\tab\tab 20'\tab OCM 20% OIL, 80% MUD\par  
TOOL SAMPLE: 22% OIL, 78% MUD

NEW GULF OPERATING  
DST #3 MORROW 4,890' - 4,953'  
Start Test Date: 2012/04/24  
Final Test Date: 2012/04/24

DAVID #1-32  
Formation: DST #3 MORROW

# DAVID #1-32





# 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.

**DRILLING REPORT**  
**NEW GULF OPERATING, LLC**

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

**# 1-32 DAVID**  
1190'FNL 1252'FWL  
Section 32-T17S-R34W  
Scott County, Kansas  
API # 15-171-20874

Drilling Contractor: VAL DRILLING RIG7 (620-617-2793)  
Elevation: GL 3149      **KB 3160**  
Geologist: Curtis Covey 316-258-9976 / Joe Baker 316-253-9696  
Comparison Well:

New Gulf Rep : Jim Hinkle 620-617-2868/Danny Birdwell 432-940-6680

**E-LOG TOPS**

ANHYDRITE	<b>2436(+724)</b>
BASE ANHYDRITE	<b>2452(+708)</b>
STOTLER	<b>3631 (-471)</b>
TOPEKA	<b>3774(-614)</b>
HEEBNER	<b>4024(-864)</b>
	<b>4070(-910)</b>
LANSING	
MUNCIE CREEK	<b>4257(-1097)</b>
STARK	<b>4364(-1204)</b>
BKC	<b>4488(-1328)</b>
MARMATON	
PAWNEE	<b>4604(-1444)</b>
CHEROKEE SHALE	<b>4640(-1480)</b>
L CHEROKEE SHALE	<b>4672(-1512)</b>
JOHNSON	<b>4724(-1564)</b>
MORROW SHALE	<b>4816 (-1656)</b>
MISS	<b>4892 (-1732)</b>
RTD	<b>5080 (-1920)</b>
LTD	<b>5078 (-1918)</b>
	-

4/16/2012 Spud  
4/17/12 470'  
4/18/12 2080'  
4/19/12 3160'  
4/20/12 3815' Drilling ahead in the Topeka  
4/21/12 4295' Drilling in Lansing DST # 1 H zone  
4/22/12 4375' @ 5:00 PM 4356' Dst # 2 Altamont  
4/23/12 4556' Tripping in hole w/ bit  
4/24/12 4920 Dst # 3 Miss/Morrow

**DST #1 Lansing H**

4294-4328

30-30-30-30

Ist Open : Weak blow died in 11 min

2nd Open : No Blow

Recovery: 5' drilling mud (sampler 100% mud w/ Good oil specks)

IFP/FFP: 29-32/32-32

ISP/FSP: 982/899

IHP/FHP: 2069/2061

BHT: 121 deg F

**DST # 2 Altamont**

4530-4556

30-45-69-90

Ist Open : OBB in 3 Min. 5" BB on ISP

2nd Open : OBB in 8 Min 1/2" BB on FSP

Recovery:

1478' Gas In Pipe

444' Clean Oil (32 Grav @ 60deg F)

62' HOCMO ( 12% Gas, 48% Oil, 40% Mud)

Total Fluid 506'

IFP/FFP: 51-107/120-219 #

ISP/FSP: 1167/1168 #

IHP/FHP: 2190/2192 #

BHT: 126 deg F

**DST # 3 Miss**

4890-4943

30-30-30-30

Ist Open : Weak SurfaceDied in 7 Min

2nd Open : Weak Blow Died in 2 Min

Recovery:

10' oil

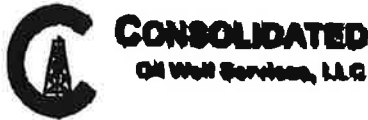
20' OCM (20% Oil,80% Mud)

Total Fluid 30'

IFP/FFP: 47-53/55-56 #

ISP/FSP: 1032/957#

BHT: 125 deg F



TICKET NUMBER 34439  
 LOCATION Oakley, KS  
 FOREMAN Kelly Gabel

PO Box 884, Chanute, KS 66720  
 820-431-9210 or 800-467-8678

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-16-12	5661	David #1-32	32	417	34	Scott
CUSTOMER		MAILING ADDRESS		CITY		STATE
New Gulf Oper.		3000 W 10th St 3rd Fl Wichita, KS		Wichita		KS
TRUCK #		DRIVER		TRUCK #		DRIVER
399		Miloss				
460		Cody R				

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 250' CASING SIZE & WEIGHT 8 5/8 24#  
 CASING DEPTH 250' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14# SLURRY VOL \_\_\_\_\_ WATER gal/bk \_\_\_\_\_ CEMENT LEFT IN CASING 20'  
 DISPLACEMENT 14 1/2 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting, Rigged up on Valdrilling Rig #7, hooked up to circulate, mixed 800SKs com. 300 cc 2 1/2 gal, displaced with 14 1/2 bbl water, shut in, washed out pumps & lines, rigged down

Cement did circulate

Approx 4 bbl to pit

Thank You Kelly Gabel

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1085.00	1085.00
5406	45 mi	MILEAGE	5.00	225.00
11045	800 SKs	Elgess A Cement	17.65	3530.00
1108	564 #	Calcium Chloride	.89	501.96
119B	376 #	Bentonite	.25	94.00
5407	9.4	Ton Mileage Delivery	75.00	706.41
				6142.37
		<u>Less 10% disc.</u>		6142.37
				5528.13
		SALES TAX		308.20
		ESTIMATED TOTAL		5836.33

Rev'n 8737

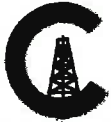
8:00 PM AUTHORIZATION [Signature]

TITLE 249085

DATE 4-16-12

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.





**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 34442  
LOCATION Oakley, KS  
FOREMAN Kelly Gabel  
Miles Shaw

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																				
4-26-12	5661	David #1-32	32	17	34	Scott																				
CUSTOMER <u>New Gulf oper.</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>4163</td> <td>COY D</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Miles S</td> <td></td> <td></td> </tr> <tr> <td>528</td> <td>Wes F</td> <td></td> <td></td> </tr> <tr> <td>4139</td> <td>Thomas</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	4163	COY D				Miles S			528	Wes F			4139	Thomas		
TRUCK #	DRIVER	TRUCK #	DRIVER																							
4163	COY D																									
	Miles S																									
528	Wes F																									
4139	Thomas																									
MAILING ADDRESS			<table border="1"> <thead> <tr> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				CITY	STATE	ZIP CODE																	
CITY	STATE	ZIP CODE																								

JOB TYPE 2-stage-Prod HOLE SIZE 7 1/4 HOLE DEPTH 5028 CASING SIZE & WEIGHT 5 1/2 15#  
 CASING DEPTH 5020 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER DV @ 2553'  
 SLURRY WEIGHT 13#-12.5 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 42'  
 DISPLACEMENT 119 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting, Rigged up on Valdrilling Rig #7, hooked up to circulate for 1 hr, pumped 5 bbl water, Mud flush, 5 bbl water, Mixed 175 SKS OWC 5# gilsonite, shut down, washed pumps & lines, released plug displaced with 50 bbl water @ 1 bbl mud, 200# lift, Plug landed @ 1300#, dropped DV Bonn, opened tool, circulated 4 hrs, mixed 30 SKS RH, 20 SKS MH, Mixed 450 SKS 60/40 89 gel 1/4# Flo-seal, washed out pumps & lines, displaced with 6 bbl water, 200# lift, Plug landed @ 1300#, Released pressure, float held, washed out pumps & lines, Rigged down, Float Equip, cent on at # 1-4, 7, 10, 13, 16, 19, 21, 62, 64, Basket on at # 62 DV report # 63  
Cement did circulate. Approx 55 bbl to pit  
of bank of Kelly crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5516X	1	PUMP CHARGE	3020.00	3020.00
5406	4.5 mi	MILEAGE	5.00	225.00
1126	175 SKS	OWC	22.55	3946.25
110A	825 #	Kal-seal	1.56	4190.00
1131	500 SKS	60/40 P02	15.10	2550.00
1107	125 #	Flo-seal	2.82	352.50
118B	3440 #	Bentonite	.25	860.00
5467	30.6	Ton mileage	1.67	2299.50
11446	500 gal	Mud flush (w)	1.00	500.00
4159	1	5 1/2" AFH Float shoe	413.00	413.00
4130	12	5 1/2 centralizer (I)	58.00	696.00
4104	1	5 1/2 basket (w)	276.00	276.00
4283	1	5 1/2 DV Tool w/latchdown	380.00	380.00
				24478.25
				24478.25
				22030.42
				1414.36
				23444.78

Revin 3737  
7:00 PM AUTHORIZATION [Signature] TITLE 249378  
SALES TAX ESTIMATED TOTAL 23444.78  
DATE 4-26-12

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.