



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1080413
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: _____

1080413

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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: 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> _____	PRODUCTION INTERVAL: _____ _____
--	--	---

Form	ACO1 - Well Completion
Operator	New Gulf Operating LLC
Well Name	Krug 1-28
Doc ID	1080413

Tops

Name	Top	Datum
Anhydrite	2435	709
Base anhydrite	2453	691
Stotler	3620	-476
Topeka	3764	-620
Heebner Shale	4004	-860
Toronto	4024	-879
Lansing	4048	-904
Muncie Creek Shale	4242	-1908
Stark Shale	4347	-1203
B/KC	4868	-1324
Pawnee LS	4584	-1440
Cherokee Sh	4620	-1476
Lower Cherokee Sh	1650	-1509
Johnson	4704	-1560
Morrow	4783	-1639
Mississippi (Erosional)	4857	-1713
Mississippi (Lithogical)	4893	-1749

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 15-171-20875-00-00
Krug 1-28
SW/4 Sec.28-17S-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,



REMIT TO
 Consolidated Oil Well Services, LLC
 Dept. 970
 P.O. Box 4346
 Houston, TX 77210-4346

MAIN OFFICE
 P.O. Box 884
 Clay City, KS 66720
 620/431-9210 • 1-800/467-8676
 Fax 620/431-0012

MAY 03 2012

INVOICE

Invoice # 249426

Invoice Date: 04/30/2012 Terms: 10/10/30,n/30

Page 1

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

KRUG 1-28
 34503
 28-17-34
 04-27-12
 KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	200.00	17.6500	3530.00
1102	CALCIUM CHLORIDE (50#)	564.00	.8900	501.96
1118B	PREMIUM GEL / BENTONITE	376.00	.2500	94.00

Sublet Performed	Description	Total
9999-130	CASH DISCOUNT	-412.60
9999-130	CASH DISCOUNT	-201.65

Description	Hours	Unit Price	Total
399 CEMENT PUMP (SURFACE)	1.00	1085.00	1085.00
399 EQUIPMENT MILEAGE (ONE WAY)	45.00	5.00	225.00
T-127 MIN. BULK DELIVERY	1.00	706.50	706.50

COMPANY _____
 WELL # Krug 1
 A/E # _____
 OIL ACCT CODE: 9208
 OIL DESCRIPT: Cement Surface csg.
 DATA ENTRY/DATE _____
 AUTHORIZED/DATE 5-9-12 WHK

Amount Due 6484.91 if paid after 05/30/2012

Parts:	4125.96	Freight:	.00	Tax:	308.20	AR	5836.41
Labor:	.00	Misc:	.00	Total:	5836.41		
Sublt:	-614.25	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



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
MAY 14 2012 Fax 620/431-0012

INVOICE

Invoice # 249707

Invoice Date: 05/11/2012 Terms: 10/10/30,n/30

Page 1

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

KRUG #1-28
33812
28-17-34
05-10-2012
KS

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	175.00	22.5500	3946.25
1110A	KOL SEAL (50# BAG)	875.00	.5600	490.00
1118B	PREMIUM GEL / BENTONITE	3440.00	.2500	860.00
1144G	MUD FLUSH (SALE)	500.00	1.0000	500.00
1131	60/40 POZ MIX	500.00	15.1000	7550.00
1107	FLO-SEAL (25#)	125.00	2.8200	352.50
4159	FLOAT SHOE AFU 5 1/2"	1.00	413.0000	413.00
4454	5 1/2" LATCH DOWN PLUG	1.00	567.0000	567.00
4277	DV TOOL SIZE 5 1/2" (STA	1.00	4700.0000	4700.00
4130	CENTRALIZER 5 1/2"	12.00	58.0000	696.00
4104	CEMENT BASKET 5 1/2"	1.00	276.0000	276.00

Sublet Performed	Description	Total
9999-130	CASH DISCOUNT	-2035.08
9999-130	CASH DISCOUNT	-554.45

Description	WELL #	Hours	Unit Price	Total
399 SINGLE PUMP	Krug 1-28	1.00	3020.00	3020.00
399 EQUIPMENT MILEAGE (ONE WAY)	AFE #	45.00	5.00	225.00
460 TON MILEAGE DELIVERY	9308	1.00	2299.50	2299.50

COMPANY
WELL #
AFE #
MATERIAL CODE
G/L DESCRIPT
DATA ENTRY/DATE
AUTHORIZED/DATE
Cement Prod. String
5-22-12 WTK

Amount Due 27584.37 if paid after 06/10/2012

Parts:	20350.75	Freight:	.00	Tax:	1520.21	AR	24825.93
Labor:	.00	Misc:	.00	Total:	24825.93		
Sublt:	-2589.53	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 33812
LOCATION Oakley KS
FOREMAN Miles Shaw
Walt Dinkel

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-10-12	5661	Krus # 1-28	28	17	34W	Scott
CUSTOMER New Gulf Operating			TRUCK #			
MAILING ADDRESS			DRIVER		TRUCK #	
CITY			DRIVER		TRUCK #	
STATE			DRIVER		TRUCK #	
ZIP CODE			DRIVER		TRUCK #	

JOB TYPE DV 2 Stage HOLE SIZE 7 7/8 HOLE DEPTH 5110 CASING SIZE & WEIGHT 5 1/2 15.5#
CASING DEPTH 5105' DRILL PIPE _____ TUBING _____ OTHER Dvtol @ 2442'
SLURRY WEIGHT 14.2-12.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 42.17
DISPLACEMENT 124-58% DISPLACEMENT PSI 700-900 MIX PSI 1500-1600 RATE _____

REMARKS: Safety meeting Rig up to Circulate on Val #7. Ran float Equipment
Cont. 1.2ws @ 1, 2, 3, 4, 7, 10, 13, 17, 20, 23, 63, 65 Basket on Bottom by DV tool
top of 64. Ran casing to bottom Circulated for 1 1/2 hrs. Pump seal
and flush failed in with 175 sks OWC displaced 445 bbls water 60 bbls mud
lift pressure 700psi plus landed 1500psi. Open tool circulate 4 hrs. Mix 80% m
kt 20% in mH with 450 sks 60/40 per 80 gal 1/4" Flosal Released plug + displaced 58%
bbls water 90% lift pressure landed plug @ 1600psi released pressure Plug hold
Cement did circulate

Thank you Miles & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3020. ⁰⁰	3020. ⁰⁰
5406	65 35	MILEAGE	5. ⁰⁰	225. ⁰⁰
5407A	30.6	Ton delivery mileage	1.67	2299.50
1120	175 SKS	OWC	22.55	3946.25
1110A	875	Kol seal	.56	490. ⁰⁰
1118B	3440 #	Bentonite	.25	860. ⁰⁰
1144G	500 gal	Mud Plush	1. ⁰⁰	500. ⁰⁰
1131	500 SKS	60/40 per mix	15.10	7550. ⁰⁰
1107	125 #	Flosal	2.82	352.50
4159	1	5 1/2 Float Shoe "W"	413. ⁰⁰	413. ⁰⁰
4454	1	latch down with baffle "W" Flex	567. ⁰⁰	567. ⁰⁰
4277	1	DV Tool "W"	4700. ⁰⁰	4700. ⁰⁰
4130	12	Centrifizers	58. ⁰⁰	696. ⁰⁰
4104	1	Basket 5 1/2	276. ⁰⁰	276. ⁰⁰
		Subtotal		25895.25
		less 10% discount		2589.53
		Subtotal		23305.72
		SALES TAX		1520.21
		ESTIMATED TOTAL		24825.93

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

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.

DIAMOND TESTING

General Information Report

General Information

Company Name NEW GULF OPERATING, LLC
Contact JIM HENKLE
Well Name KRUG #1-28
Unique Well ID DST #1, LANSING "I", 4279-4332
Surface Location SEC 28-17S-34W, SCOTT CO. KS.
Field WILDCAT
Well Type Vertical
Test Type CONVENTIONAL
Formation DST #1, LANSING "I", 4279-4332
Well Fluid Type 01 Oil

Representative TIM VENTERS
Well Operator NEW GULF OPERATING, LLC
Report Date 2012/05/06
Prepared By TIM VENTERS
Qualified By CURTIS COVEY

Start Test Date 2012/05/05
Final Test Date 2012/05/06

Start Test Time 17:50:00
Final Test Time 03:33:00

Test Recovery:

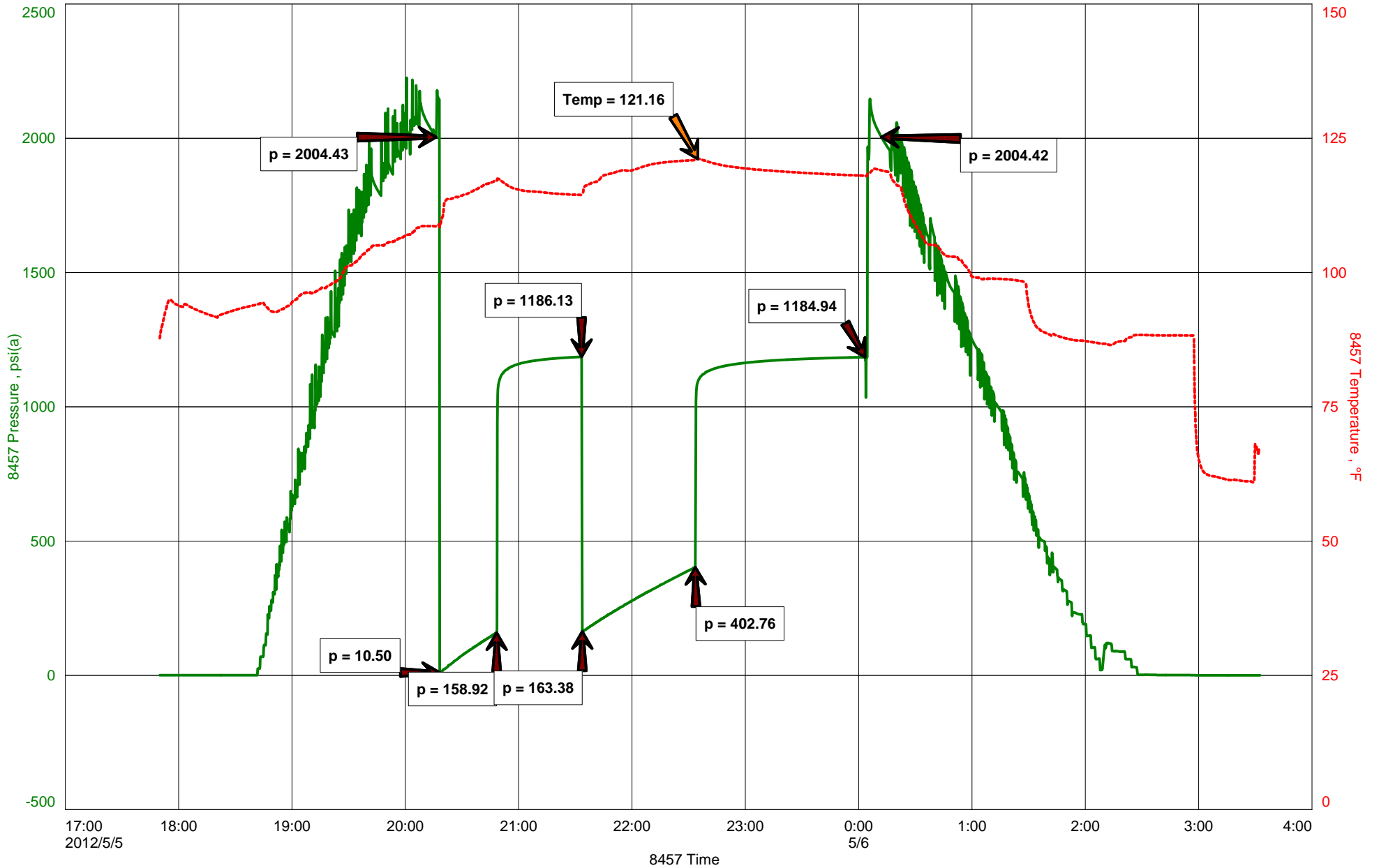
RECOVERED: 5' MUD

60' SLTWCM, 15% WATER, 85% MUD
185' HWCM, 47% WATER, 53% MUD
365' MCW, 77% WATER, 23% MUD
260' SLTMCW, 93% WATER, 7% MUD
875' TOTAL FLUID

TOOL SAMPLE: 98% WATER, 2% MUD

CHLORIDES: 28,000 ppm
PH: 6.5
RW: .22 @ 78 deg.

KRUG #1-28





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

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

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 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 STERLING 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 _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

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.

DIAMOND TESTING

General Information Report

General Information

Company Name NEW GULF OPERATING, LLC
Contact JIM HENKLE
Well Name KRUG #1-28
Unique Well ID DST #2, LANSING "J", 4338-4364
Surface Location SEC 28-17S-34W, SCOTT CO. KS.
Field WILDCAT
Well Type Vertical
Test Type CONVENTIONAL
Formation LANSING "J"
Well Fluid Type 01 Oil

Representative TIM VENTERS
Well Operator NEW GULF OPERATING, LLC
Report Date 2012/05/06
Prepared By TIM VENTERS
Qualified By CURTIS COVEY

Start Test Date 2012/05/06
Final Test Date 2012/05/06

Start Test Time 13:17:00
Final Test Time 21:47:00

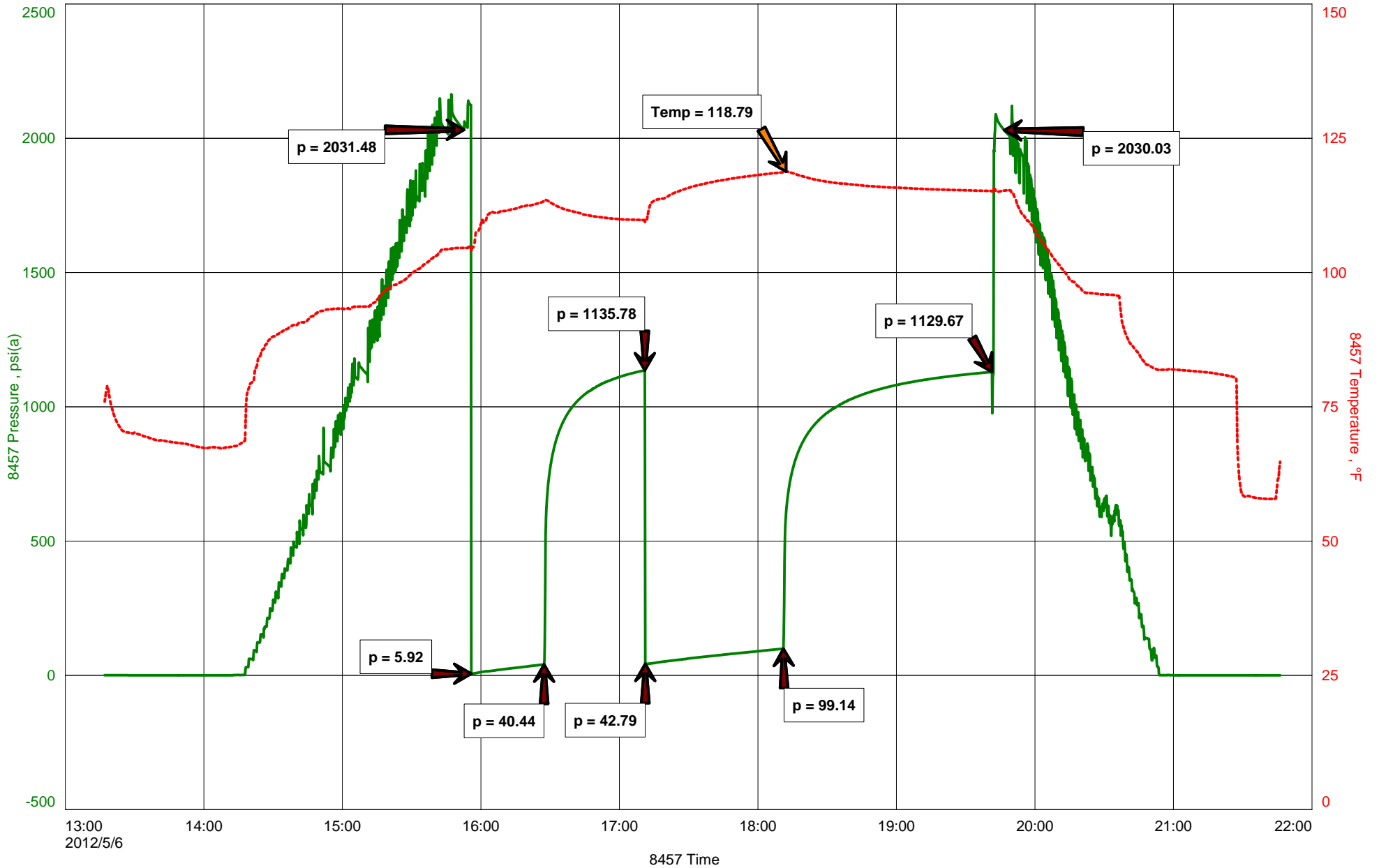
Test Recovery:

RECOVERED: 80' HMCW, 58% WATER, 42% MUD
110' SLTMCW, 89% WATER, 11% MUD
10' MUD
200' TOTAL FLUID

TOOL SAMPLE: 100% WATER

CHLORIDES: 28,000 ppm
PH: 6.5
RW: .22 @ 75 deg.

KRUG #1-28





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

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

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 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 STERLING 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 _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

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.

DIAMOND TESTING

General Information Report

General Information

Company Name NEW GULF OPERATING, LLC
Contact JIM HENKLE
Well Name KRUG #1-28
Unique Well ID DST #3, MARMATON, 4506-4522
Surface Location SEC 28-17S-34W, SCOTT CO. KS.
Field WILDCAT
Well Type Vertical
Test Type CONVENTIONAL
Formation DST #3, MARMATON, 4506-4522
Well Fluid Type 01 Oil

Representative TIM VENTERS
Well Operator NEW GULF OPERATING, LLC
Report Date 2012/05/07
Prepared By TIM VENTERS
Qualified By CURTIS COVEY

Start Test Date 2012/05/07
Final Test Date 2012/05/07

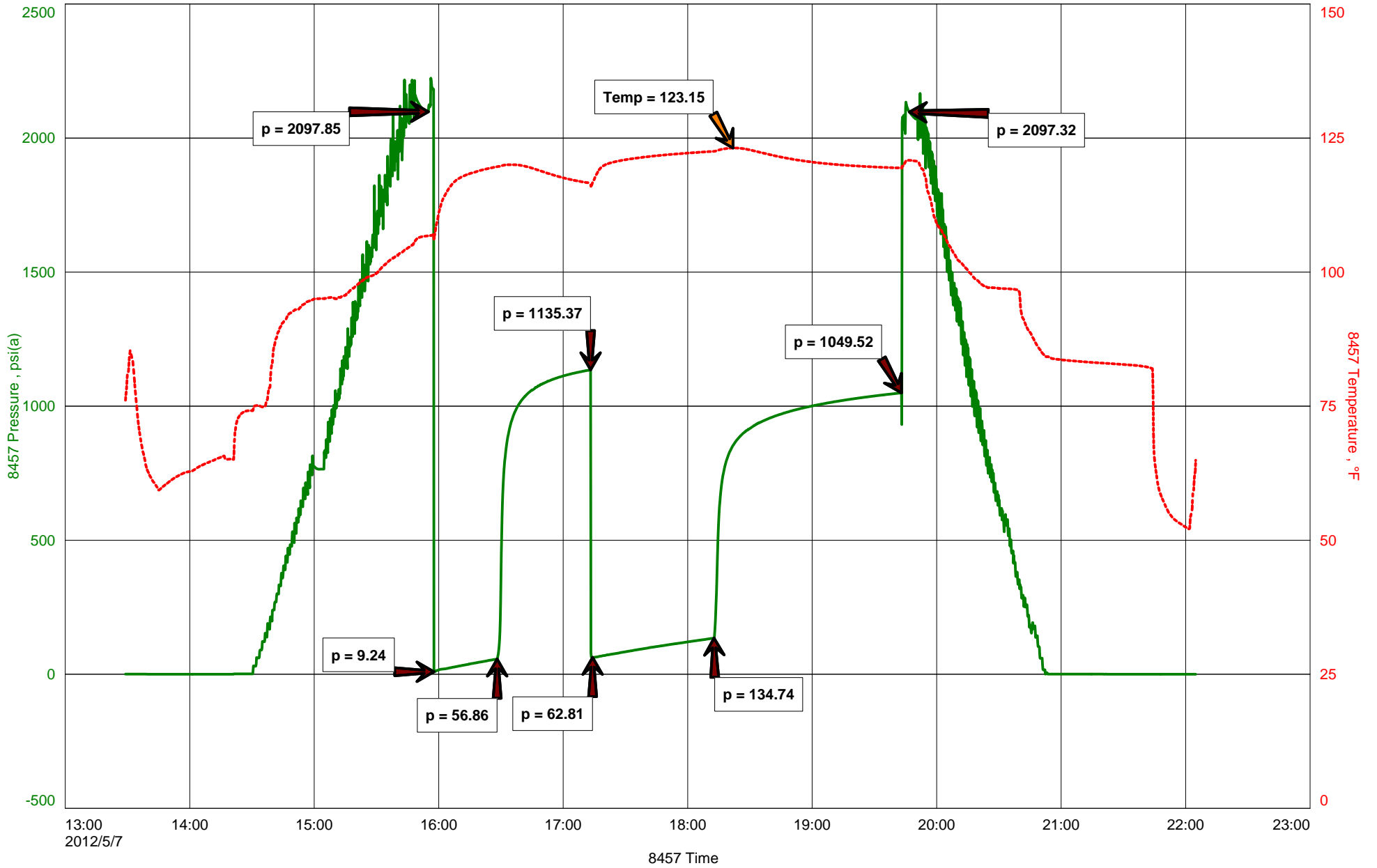
Start Test Time 13:29:00
Final Test Time 22:05:00

Test Recovery:

RECOVERED: 590' GAS IN PIPE
280' GO, 1% GAS, 99% OIL, GRAVITY: 28
60' G,MCO, 14% GAS, 54% OIL, 32% MUD
340' TOTAL FLUID

TOOL SAMPLE: 68% OIL, 32% MUD

KRUG #1-28





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

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

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 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 STERLING 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 _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

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

1-28 KRUG

1206'FSL 2121'FWL
Section 28-T17S-R34W
Scott County, Kansas
API # 15-171-20875

Drilling Contractor: VAL DRILLING RIG 7 (316-218-4977)

Elevation: GL 3134 **KB 3144**

Geologist: Curtis Covey 316-258-9976 / Joe Baker 316-253-9696

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

Log tops

ANHYDRITE	
BASE ANHYDRITE	
STOTLER	
TOPEKA	
HEEBNER	4003
LANSING	4048
MUNCIE CREEK	4242
STARK	4347
BKC	4468
MARMATON	4503
PAWNEE	4584
CHEROKEE SHALE	4620
L CHEROKEE SHALE	4650
JOHNSON	4684
MISS (Erosional)	4855
Miss Sd	4868
Miss Lm (Solid)	4886
RTD	5110
LTD	5110

4/27/2012 Spud Set 85/8" @ 256' w/200 sxs
4/28/12 259' WOC
4/29/12 2005'
4/30/12 2999' Down Mud pump repairs
5/1/12 3199' Geologist on location
5/2/12 3685'
5/3/12 4040' Down for repairs
5/4/12 4040' Down
5/5/12 4260' DST # 1 Lansing I-J
5/6/12 4332' DST # 2 Lansing K
5/7/12 4460' DST # 3 Marmaton
5/8/12 4640'
5/9/12 4930'
5/10/12 5110' RTD/ LOG (Log- Tech)

DST 1 Lansing I

4279-4332

30-45-60-90

1st Open: BOB in 12 Min. No Blow Back on Shut-in

2nd Open: BOB in 15 Min No Blow Back on Shut In

Recovery: 5' Mud, 60'SWCM (15% Wtr, 85% Mud), 185' HWCM (47% Wtr , 53% Mud)

365' MCW (77%Wtr, 23% Mud), 260'SMCW (93% Wtr,7% Mud)

TOTAL FLUID: 755'

IFP/FFP: 11-159/163-403 #

ISP/FSP: 1186/1185 #

IHP/FHP: 2004/2004 # BHP: 121 deg F

DST # 2 Lansing J& K

4438-4464

30-45-60-90

1st Open: BOB in 12 Min. No Blow Back on Shut-in

2nd Open: BOB in 15 Min No Blow Back on Shut In

Recovery: 80' HOWCM (42% Mud, 58% Wtr) , 110' SMCW (11% Mud, 89% Wtr) 10' Mud

TOTAL FLUID: 200'

IFP/FFP: 6-40/43-99 #

ISP/FSP: 1136/1130 #

IHP/FHP: 2031/2030 # BHP: 119 deg F

DST # 3 Marmaton

4506-4522

30-45-60-90

1st Open: Built to BOB in 12 Min / 2" Blow Back on Shut-In

2nd Open: Built to BOB in 22 Min/ 8" Blow Back on Shut In

Recovery:

590' Gas in Pipe

280' Slight Gas Cut Oil (1% Gas, 99% Oil)

60' Gas & Mud Cut OIL (14% Gas, 32% Mud, 54% Oil)

TOTAL FLUID: 340'

FP/FFP: 9-57/63-135 #

ISP/FSP: 1135/1050 #

IHP/FHP: 2098/2097 # BHP: 123 deg F