



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1083209
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
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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

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: _____

1083209

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
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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
<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
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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

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: _____ _____
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Form	ACO1 - Well Completion
Operator	New Gulf Operating LLC
Well Name	A.C. Felt 1
Doc ID	1083209

Tops

Name	Top	Datum
Anhydrite	2436	728
Base Anhydrite	2453	711
Stotler	3634	-470
Topeka	3780	-616
Heebner	4030	-866
Toronto	4048	-884
Lansing	4078	-914
Muncie Creek	4268	-1104
Stark	4370	-1206
BKC	4492	-1328
Marmaton	4523	-1362
Pawnee	4610	-1446
Cherokee Shale	4650	-1511
Lower Cher Sh	4678	-1514
Johnson	4730	-1566
Morrow Shale	4830	-1666
Mississippian	4938	-1774

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

June 04, 2012

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

Re: ACO1
API 15-171-20878-00-00
A.C. Felt 1
NE/4 Sec.06-18S-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,
Danny Birdwell



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 34485
LOCATION Oakley
FOREMAN Fuzzz

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-14-12	5661	AC Felt #1	6	18	34	Scott
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
New Gulf Operating LLC			463	Cory D		
MAILING ADDRESS			439	Tosh G		
CITY						
STATE						
ZIP CODE						

JOB TYPE Surface HOLE SIZE 12"4 HOLE DEPTH 252' CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 252' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 1.36 WATER gal/sk 6.5 CEMENT LEFT in CASING _____
 DISPLACEMENT 14.7 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on UOI #7 Pick up and circulate
Mix 200SKS CLASS A 3% loss 2% gel Displace 143/4 BBL + shut in
Cement dial circulate approx 5 BBLs to pit

THANKS FUZZZ & CREW

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1085.00	1085.00
5406	45	MILEAGE	5.00	225.00
5407A	9.4 ton	Ton mileage Delivery	167	706.50
11045	200SKS	Class A cement	17.65	3530.00
1102	564 #	Calcium Chloride	1.89	501.96
1118B	376 #	Bentonite	1.25	94.00
		subtotal		6142.46
		125510 % disc		614.25
		subtotal		5528.21
		SALES TAX		308.20
		ESTIMATED TOTAL		5836.41

Completed

Ravin 3737

Nancy Durdell

249810

AUTHORIZATION _____ 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.



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 34520
LOCATION Oaklay Ks
FOREMAN Walt Dinkel

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
5-25-12	5661	AC Felt #	6	18 ³	34 ^W	Scott	
CUSTOMER New GULF Operating		Scott City WtACL 3N 86		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS				456-T118	Miles Shaw		
CITY		STATE		466-T129	Les Elinn		
ZIP CODE				566	Bobby Stienert		

JOB TYPE Prod HOLE SIZE 7 7/8 HOLE DEPTH 5082' CASING SIZE & WEIGHT 5 1/2 - 15.5
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.2-12.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting, Rig up on Val #27, run Float Equipment
Cent @ 1, 2, 3, 4, 7, 10, 13, 17, 20, 23, 62, 64, Basket on 63. DV Tool on Top of 63[#]
circ on bottom 1 hr, Pump 5 BBL H₂O, 500 gal Mud Flush, 5 BBL H₂O, Mixed 175 SKs
OWC, 5[#] Kalseal, Clear Pump + Lines, Displace Plug w/ 63 BBL H₂O + 59 BBL mud
@ 750[#], Landed Plug @ 1400[#], released Pressure, Float Held, Open DV Tool, circ 4 Hrs.
mixed 30 SKs in RH + 20 SKs in MH.
Mixed 450 SKs 6⁹/₁₆ open, 8¹/₂ Gel 1/4[#] Flo-Seal, released Plug + Displaced
59 1/2 BBL H₂O @ 750[#], Landed @ 1600[#]
release Pressure, Tool Held 3:45 P.
Cement Did Cure Thank You
Walt + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3020 ⁰⁰	3020 ⁰⁰
5406	45	MILEAGE	5 ⁰⁰	225 ⁰⁰
1126	175 SKs	OWC	22 ⁵⁵	3,946 ²⁵
110A	875 [#]	Kalseal	.56	490 ⁰⁰
1131	500 - SKs	60/40 pur	15 ¹⁰	7,550 ⁰⁰
1118B	3440 [#]	Gel	.25	860 ⁰⁰
1107	125 [#]	Flo-Seal	2 ⁸²	352 ⁵⁰
1144G	500 gal	Mud Flush	1 ⁰⁰	500 ⁰⁰
5407A	3000 29.73	Ton Mileage Delivery	1 ⁶⁷	2234 ³⁵
4159	1	5 1/2 - Float shoe	413 ⁰⁰	413 ⁰⁰
4454	1	5 1/2 - Latch down Plug Assy	567 ⁰⁰	567 ⁰⁰
4130	12	5 1/2 - Centralizers	58 ⁰⁰	696 ⁰⁰
4104	1	5 1/2 Basket	276 ⁰⁰	276 ⁰⁰
4297	1	5 1/2 - DV Tool (W)	4700 ⁰⁰	4,700 ⁰⁰
				25,830 ⁰⁹
		Less 10% Disc		- 2,583 ⁰¹
				23,246 ⁹⁷
			SALES TAX	1520 ²¹
			ESTIMATED TOTAL	24767 ²⁰

Ravin 3737

[Handwritten Signature]

250166

AUTHORIZATION _____ 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 Report

ROGER D. FRIEDLY - TESTER
Cell: (620) 793-2043

P.O. Box 157
Hoisington KS 67544
Office: (800) 542-7313

General Information

Company Name	NEW GULF OPERATONG, LLC	Well Name	A.C. FELT #1
Well Operator	NEW GULF OPERATING, LLC	Unique Well ID	DST #1 LKC 'H-I' 4,292' - 4,338'
Contact	DANNY BIRDWELL	Surface Location	SEC 6-18S-34W SCOTT COUNTY, KS
Site Contact	CURTIS COVEY	Test Unit	NO. 5
Field	WILDCAT	Pool	
Well Type	Vertical	Job Number	
Prepared By	ROGER D. FRIEDLY	Qualified By	CURTIS COVEY

Test Information

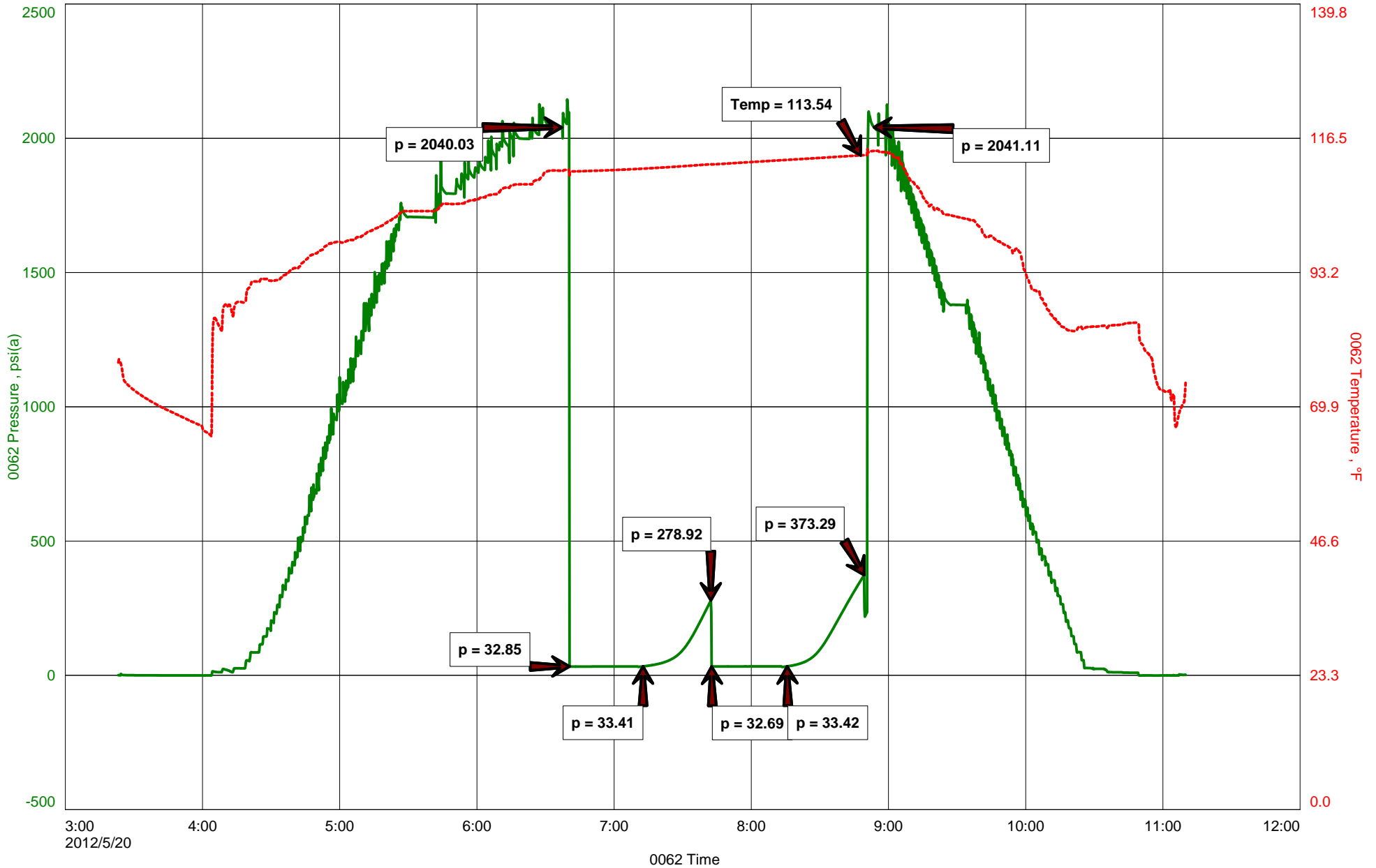
Test Type	CONVENTIONAL DRILL-STEM TEST	Test Purpose	Initial Test
Formation	DST #1 LKC 'H-I' 4,292' - 4,338'	Gauge Name	0062
Start Test Date	2012/05/20	Start Test Time	03:23:00
Final Test Date	2012/05/20	Final Test Time	11:10:00

Test Results

RECOVERED: 2' DM 100% MUD FEW OIL SPECKS

TOOL SAMPLE: 100% DM GOOD OIL SPECKS

A.C. FELT #1





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 Report

ROGER D. FRIEDLY - TESTER
Cell: (620) 793-2043

P.O. Box 157
Hoisington KS 67544
Office: (800) 542-7313

General Information

Company Name	NEW GULF OPERATING, LLC	Well Name	A.C. FELT #1
Well Operator	NEW GULF OPERATING, LLC	Unique Well ID	DST #2 MARMATON 4,526' - 4,556'
Contact	DANNY BIRDWELL	Surface Location	SEC 6-18S-34W SCOTT COUNTY, KS
Site Contact	CURTIS COVEY	Test Unit	NO. 5
Field	WILDCAT	Pool	
Well Type	Vertical	Job Number	
Prepared By	ROGER D. FRIEDLY	Qualified By	CURTIS COVEY

Test Information

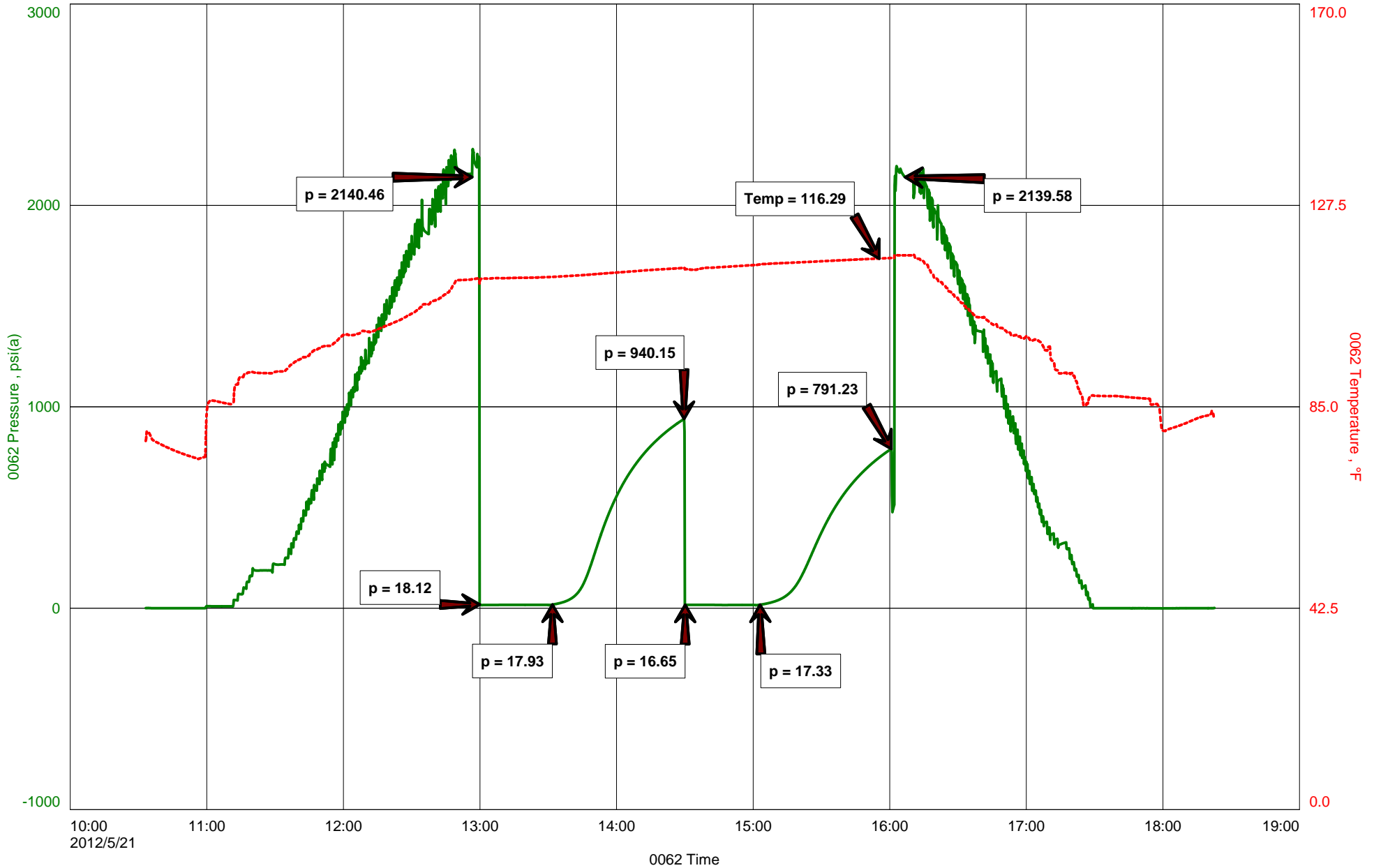
Test Type	CONVENTIONAL DRILL-STEM TEST	Test Purpose	Initial Test
Formation	DST #2 MAMATON 4,526' - 4,556'	Gauge Name	0062
Start Test Date	2012/05/21	Start Test Time	10:33:00
Final Test Date	2012/05/21	Final Test Time	18:23:00

Test Results

RECOVERED: 3' DM 100% MUD VERY FEW OIL SPECKS

TOOL SAMPLE: 100% MUD - FEW OIL SPECKS

A.C. FELT #1





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.

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Diamond Testing General Report

ROGER D. FRIEDLY - TESTER
Cell: (620) 793-2043

P.O. Box 157
Hoisington KS 67544
Office: (800) 542-7313

General Information

Company Name	NEW GULF OPERATING, LLC	Well Name	A.C. FELT #1
Well Operator	NEW GULF OPERATING, LLC	Unique Well ID	DST #3 PAWNEE 4,564' - 4,616'
Contact	DANNY BIRDWELL	Surface Location	SEC 6-18S-34W SCOTT COUNTY, KS
Site Contact	CURTIS COVEY	Test Unit	NO. 5
Field	WILDCAT	Pool	
Well Type	Vertical	Job Number	
Prepared By	ROGER D. FRIEDLY	Qualified By	CURTIS COVEY

Test Information

Test Type	CONVENTIONAL	Test Purpose	Initial Test
Formation	DST #3 PAWNEE 4,564' - 4,616'	Gauge Name	0062
Start Test Date	2012/05/22	Start Test Time	08:45:00
Final Test Date	2012/05/22	Final Test Time	18:36:00

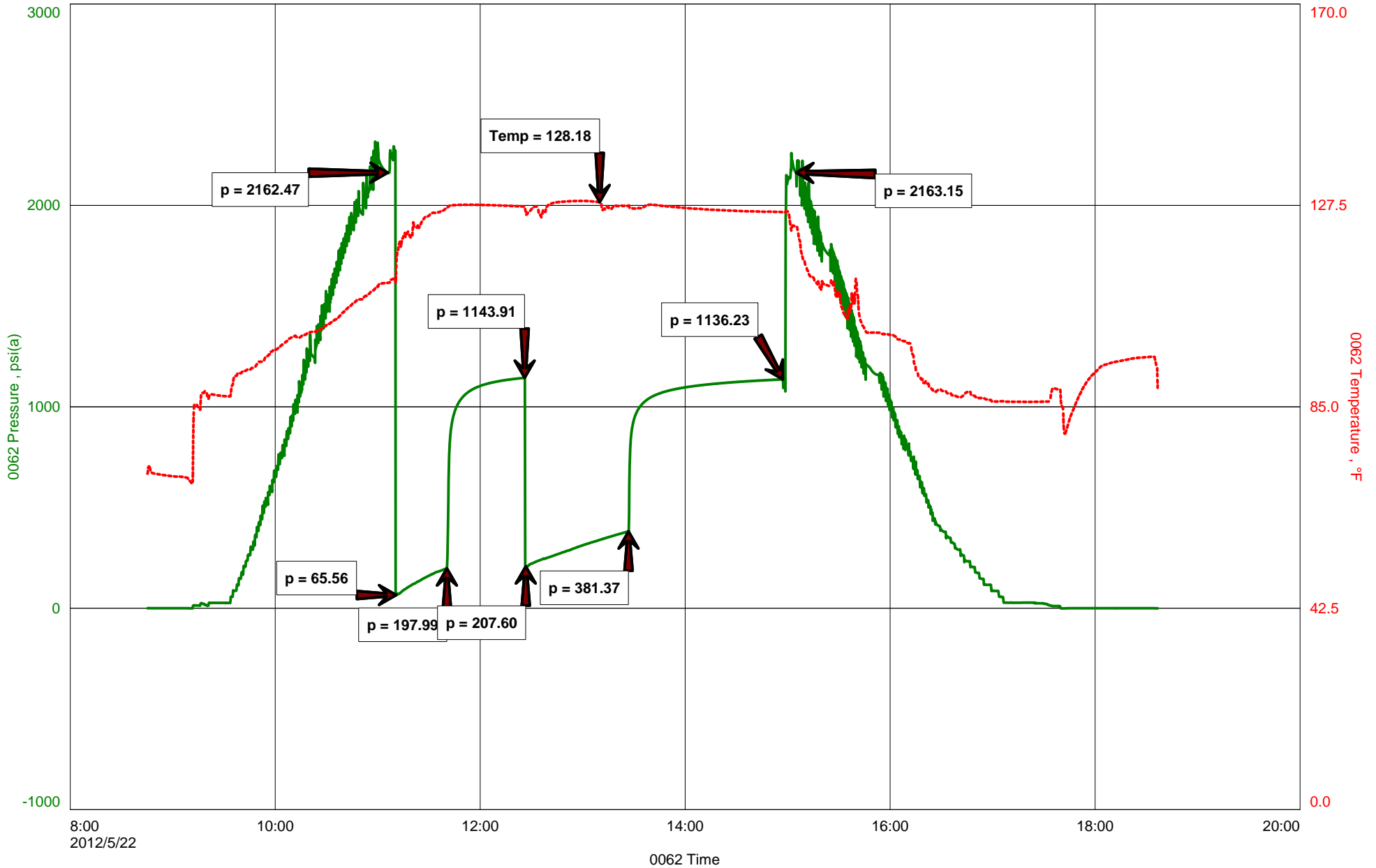
Test Results

RECOVERED: 1,320' GAS IN PIPE
 510' CLEAN OIL 24.2 GRAVITY @ 60 deg.
 93' SLTWTR&OCMG 45% GAS, 20% OIL, 10% WTR, 32% MUD
 186' G&OCMW 15% GAS, 20% OIL, 33% WTR, 32% MUD
 62' G&OCMW 2% GAS, 4% OIL, 60% WTR, 34% MUD
 851' TOTAL FLUID

TOOL SAMPLE: 5% GAS, 40% OIL, 50% WTR, 5% MUD

CHLORIDES: 26,000 Ppm
PH: 8.5

A.C. FELT #1





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.

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