



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: _____



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
---	---

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 Bbbs.	Gas Mcf	Water Bbbs.	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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	New Gulf Operating LLC
Well Name	Prairie Dog 1-05
Doc ID	1094430

Tops

Name	Top	Datum
Anhydrite	2339	642
Base Anhydrite	2358	623
Stotler	3445	-464
Topeka	3564	-583
Heebner	3795	-814
Toronto	3814	-833
Lansing	3844	-863
Muncie Creek	4014	-1033
Stark	4102	-1121
BKC	4174	-1193
Marmaton	4220	-1239
Altamont A	4234	-1253
Altamont B	4263	-1282
Pawnee	4314	-1333
Ft. Scott	4364	-1383
Cherokee	4394	-1413
Johnson	4435	-1454
Morrow Sh	4506	-1525
Sand	4534	-1553
Mississippi	4550	-1569

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
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 24, 2012

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

Re: ACO1
API 15-109-21123-00-00
Prairie Dog 1-05
NW/4 Sec.05-15S-34W
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,
Laurie Rush



Diamond Testing General Report

**JAKE
FAHRENBRUCH - TESTER
Cell: (620) 282-8977**

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

General Information

Company Name NEW GULF OPERATING, LLC
Well Operator NEW GULF OPERATING, LLC
Contact JIM HENKLE
Site Contact JOHN GOLDSMITH
Field WILDCAT
Well Type Vertical
Prepared By JAKE FAHRENBRUCH

Well Name PRAIRIE DOG #1-05
Unique Well ID DST #1 PLEASANTON 4168-4220
Surface Location SEC 5-15s-34w-Logan Co-KS
Test Unit No. 5
Pool
Job Number F005
Qualified By JOHN GOLDSMITH

Test Information

Test Type CONVENTIONAL
Formation DST #1 PLEASANTON 4168-4220
Start Test Date 2012/08/27
Final Test Date 2012/08/28

Test Purpose Initial Test
Gauge Name 0062
Start Test Time 18:12:00
Final Test Time 02:25:00

Test Results

RECOVERED: 80' Hvy MCW 70% WTR, 30% MUD
250' SALT WATER 100% WTR

TOTAL FLUID RECOVERED: 330'
TOOL SAMPLE: SOSW TR% OIL, 99+% WTR
CHLORIDES: 23,000 Ppm
RW: .22 @ 73 Deg F
PH: 8.0



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.

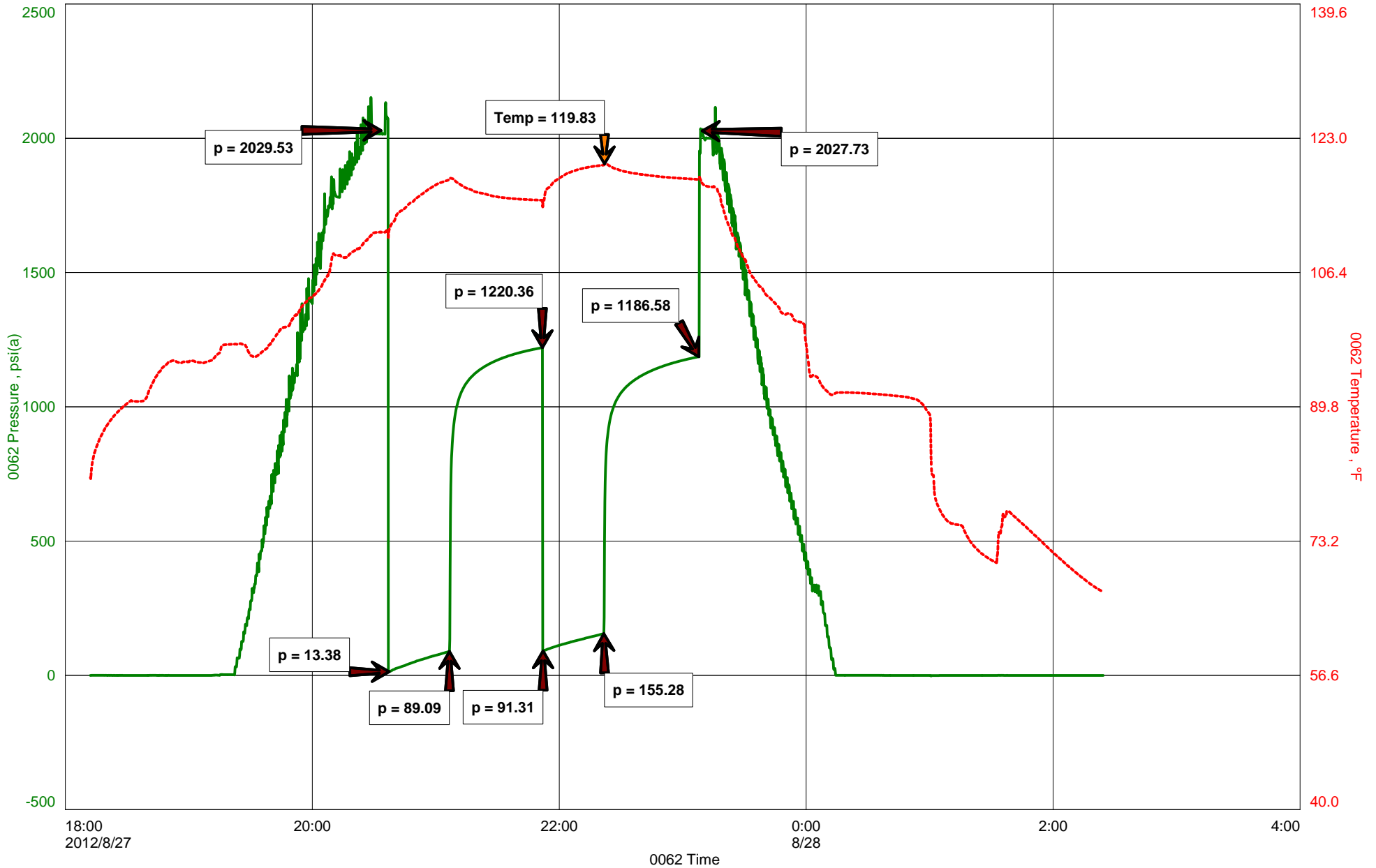
Blow: 1st Open: _____
2nd Open: _____

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.

PRAIRIE DOG #1-05





Diamond Testing General Report

**JAKE
FAHRENBRUCH - TESTER
Cell: (620) 282-8977**

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

General Information

Company Name	NEW GULF OPERATING, LLC	Well Name	PRAIRIE DOG #1-05
Well Operator	NEW GULF OPERATING, LLC	Unique Well ID	DST #2 ALTAMONT 'A&B' 4218-4304
Contact	JIM KENKLE	Surface Location	SEC 5-15s-34w-Logan Co-KS
Site Contact	JOHN GOLDSMITH	Test Unit	No. 5
Field	WILDCAT	Pool	
Well Type	Vertical	Job Number	F006
Prepared By	JAKE FAHRENBRUCH	Qualified By	JOHN GOLDSMITH

Test Information

Test Type	CONVENTIONAL	Test Purpose	Initial Test
Formation	DST #2 ALTAMONT 'A&B'	Gauge Name	0062
Start Test Date	2012/08/28	Start Test Time	13:00:00
Final Test Date	2012/08/28	Final Test Time	22:14:00

Test Results

RECOVERED: 380' MUDDY WATER 70%WTR, 30% MUD
 200' MCW 85% WTR, 15% MUD
 715' SALT WATER 100% WTR

1295' TOTAL FLUID RECOVERED
 NO GAS IN PIPE

TOOL SAMPLE: OSW 1% OIL, 99% WTR
 CHLORIDES: 26,000 Ppm
 RW: .20 @ 80 Deg F
 PH: 8.0



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.

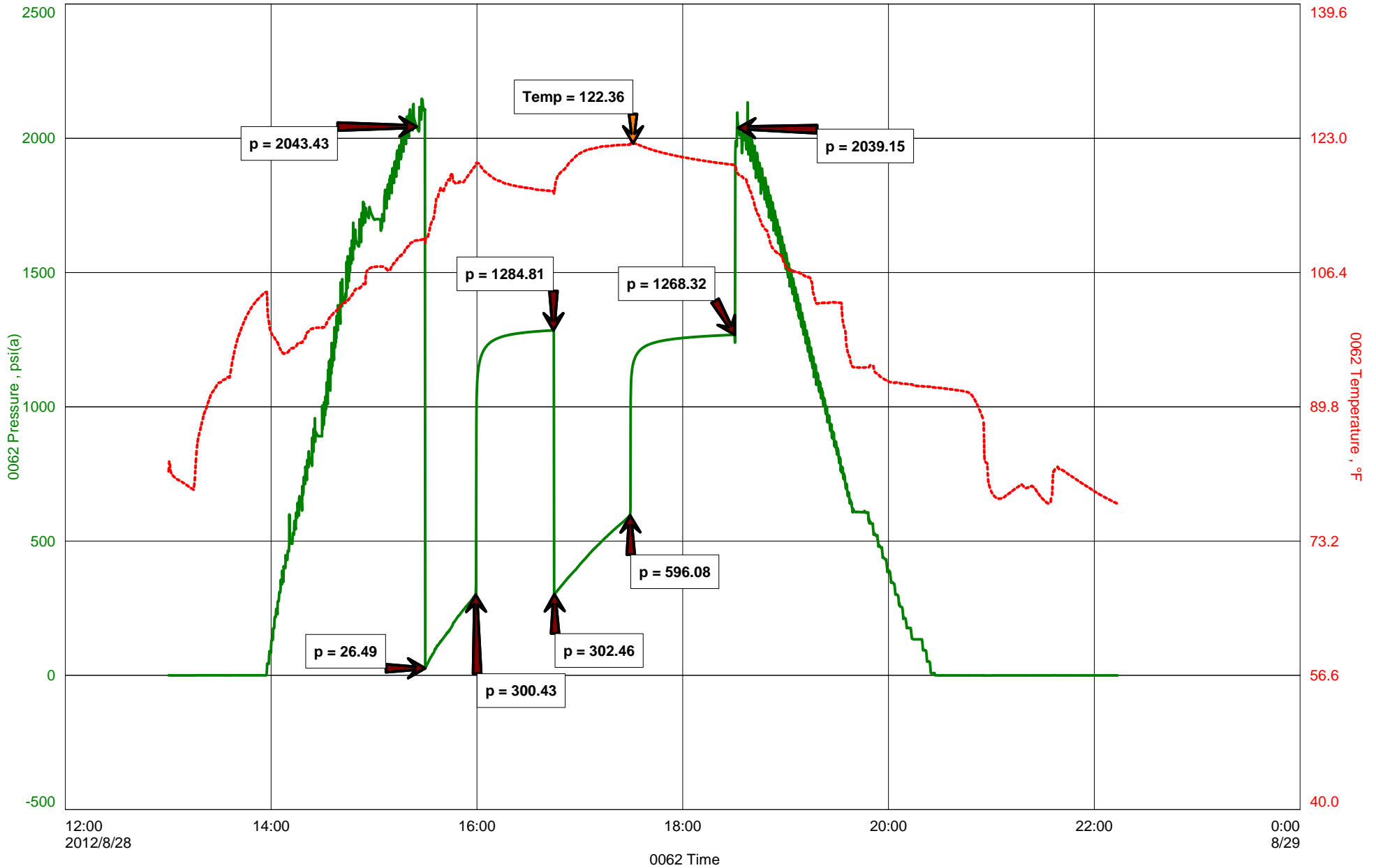
Blow: 1st Open: _____
2nd Open: _____

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.

PRAIRIE DOG #1-05





Diamond Testing General Report

**JAKE
FAHRENBRUCH - TESTER
Cell: (620) 282-8977**

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

General Information

Company Name	NEW GULF OPERATING, LLC	Well Name	PRAIRIE DOG #1-05
Well Operator	NEW GULF OPERATING, LLC	Unique Well ID	DST #3 FT SCOTT 4353-4411
Contact	JIM HENKLE	Surface Location	SEC 5-15s-34w-Logan Co-KS
Site Contact	JOHN GOLDSMITH	Test Unit	No. 5
Field	WILDCAT	Pool	
Well Type	Vertical	Job Number	F007
Prepared By	JAKE FAHRENBRUCH	Qualified By	JOHN GOLDSMITH

Test Information

Test Type	CONVENTIONAL	Test Purpose	Initial Test
Formation	DST #3 FT SCOTT 4352-4411	Gauge Name	0062
Start Test Date	2012/08/29	Start Test Time	11:24:00
Final Test Date	2012/08/29	Final Test Time	18:11:00

Test Results

RECOVERED:	75'	GssyOilyMud	22% Gas, 30% Oil, 48% Mud
	50'	MuddyOil	55% Oil, 45% Mud
	---	1010' of Gas In Pipe	

TOTAL FLUID RECOVERED: 125'
TOOL SAMPLE: 55% Oil, 3% Water, 42% Mud
 (Not enough clean oil to check gravity)
 (Not enough water to check chlorides)



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.

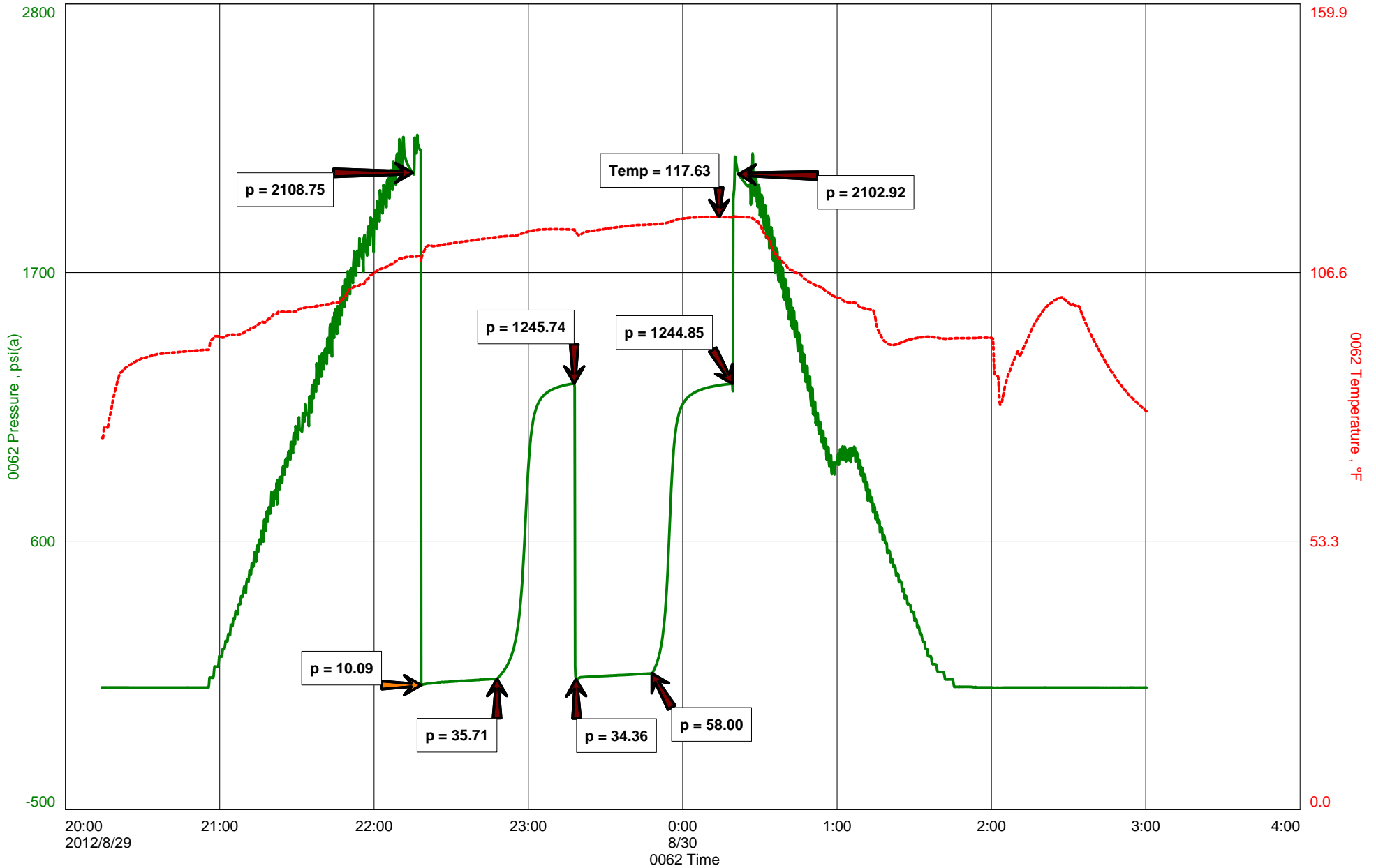
Blow: 1st Open: _____
2nd Open: _____

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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PRAIRIE DOG #1-05





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

TICKET NUMBER 36737
LOCATION Oakley
FOREMAN Fuzz4
miles S.

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-7-12	5661	Pravine Dog #1-05	5	15	34	hogan
CUSTOMER New Gulf Operations			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS			Russell Springs			
CITY STATE ZIP CODE			5-Gold 045 101			
			399 Damon M			
			530 Wes F			
			7-129 Travis W			

JOB TYPE P-Collar HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2 15.5
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT 12.5 SLURRY VOL 1.89 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 13.6 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Cheyenne Workover. Rtsup and circulate hole clear with 35 BBL. Spot 2500 gal sand @ 3100' with 16 1/2 BBL. Pull tbg to 2352 and test closed tool + Bridge Plug to 1000'. Open Tool test circulation. Mix 5000 lbs 60/40 pos F90gel 14*Flo-sal lost circulation @ 2600 lbs regained + test several times. Displaced 13 BBL. Close P-Collar + Test to 1000' run 3 Jts reverse tbg clean with 30 BBL run tbg to Bridge Plug and wash sand off with 70 BBL 12CL water. Cement did not circulate. Tried 100* cottonseed hulls @ 3000 lbs out.

Thanks Fuzz4 crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401B	1	PUMP CHARGE	1695.00	1695.00
5406	30	MILEAGE	5.00	150.00
5407A	21.5 ton	Ton mileage Delivery	162	1077.30
1131	5000 lbs	60/40 pos	15.10	7550.00
1118B	3440*	Bentonite	.25	860.00
1107	125*	Flo-sal	2.82	352.50
2101A	160*	sand	.27	43.20
1105	100*	Cottonseed hulls	.55	55.00
		subtotal		11783.00
		less 1090		1178.50
		subtotal		10604.70
		SALES TAX		618.99
		ESTIMATED TOTAL		11223.69

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

252649



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 37135
LOCATION Oaklark
FOREMAN Milos Shaw

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

FIELD TICKET & TREATMENT REPORT
CEMENT

MS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-22-12	5661	Prairie Dog #1-05	5	155	34W	Logan
CUSTOMER New Gulf Operating			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS			463	Corey D		
CITY STATE ZIP CODE			5297129	Jordan L		

Russell Springs
Ston 270
log old ad
East +
South in b

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 267' CASING SIZE & WEIGHT 5 1/2" 24#
CASING DEPTH 267' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 14.8 SLURRY VOL 1.36 WATER gal/sk _____ CEMENT LEFT in CASING 20'
DISPLACEMENT 15 1/2 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting and Rig up on Val Rig #4 Circulate casing mix 225 sks, common class "A" cement with 38 calcium 28 gel displaced 15 1/2 bbls water shut in cement did circulate approx 5 bbl

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE	1085	1085.00
5406	30	MILEAGE	5.00	150.00
5407A	10.57 ton	Ton Mileage delivery	1.67	529.80
1104S	225 sks	Common Class "A" Cement	17.65	3971.25
1102	634 #	Calcium Chloride	.89	564.26
1118B	423 #	Bentonite gel	1.25	105.75
			Subtotal	6406.06
			less 1085 discount	6406.06
			Subtotal	5765.45
			SALES TAX	325.82
			ESTIMATED TOTAL	6091.27

Completed

Ravin 3737

AUTHORIZATION *Doug Bickel* 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.

252297

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
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

January 29, 2013

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

Re: ACO-1
API 15-109-21123-00-00
Prairie Dog 1-05
NW/4 Sec.05-15S-34W
Logan County, Kansas

Dear Danny Birdwell:

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 08/22/2012 and the ACO-1 was received on January 28, 2013 (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