



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1094429
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: _____



1094429

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: 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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	New Gulf Operating LLC
Well Name	Byron 1-31
Doc ID	1094429

Tops

Name	Top	Datum
Anhydrite	2382	647
Base Anhydrite	2399	630
Stotler	3477	-448
Topeka	3601	-572
Heebner	3829	-800
Toronto	3850	-821
Lansing	3880	-851
Muncie Creek	4046	-1017
Stark	4137	-1108
BKC	4216	-1187
Marmaton	4262	-1233
Altamont A	4276	-1247
Altamont B	4307	-1278
Pawnee	4356	-1327
Cherokee	4437	-1408
Johnson	4484	-1455
Morrow Shale	4556	-1527
Morrow Sand	4592	-1563
Miss	4601	

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 15-109-21114-00-00
Byron 1-31
SE/4 Sec.31-14S-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 BYRON #1-31
Unique Well ID DST #1 TORONTO 3816-3870
Surface Location SEC31-14S-34W-LOGAN CO-KS
Test Unit
Pool
Job Number F001
Qualified By JOHN GOLDSMITH

Test Information

Test Type CONVENTIONAL
Formation DST #1 TORONTO 3816-3870
Start Test Date 2012/08/15
Final Test Date 2012/08/15

Test Purpose Initial Test
Gauge Name 0062
Start Test Time 03:59:00
Final Test Time 17:35:00

Test Results

RECOVERED: 28' SWCM 4% WTR, 96% MUD
63' WATERY MUD 39% WTR, 61% MUD
250' MUDDY WTR 56% WTR, 44% MUD
315' MCW 82% WTR, 18% MUD
380' SMCW 92% WTR, 8% MUD
1036' TOTAL FLUID RECOVERY

TOOL SAMPLE: 95% WTR, 5% MUD.
CHLORIDES: 22,000 Ppm
RW: .23 ohm @ 84 Deg F
PH: 7.5



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.

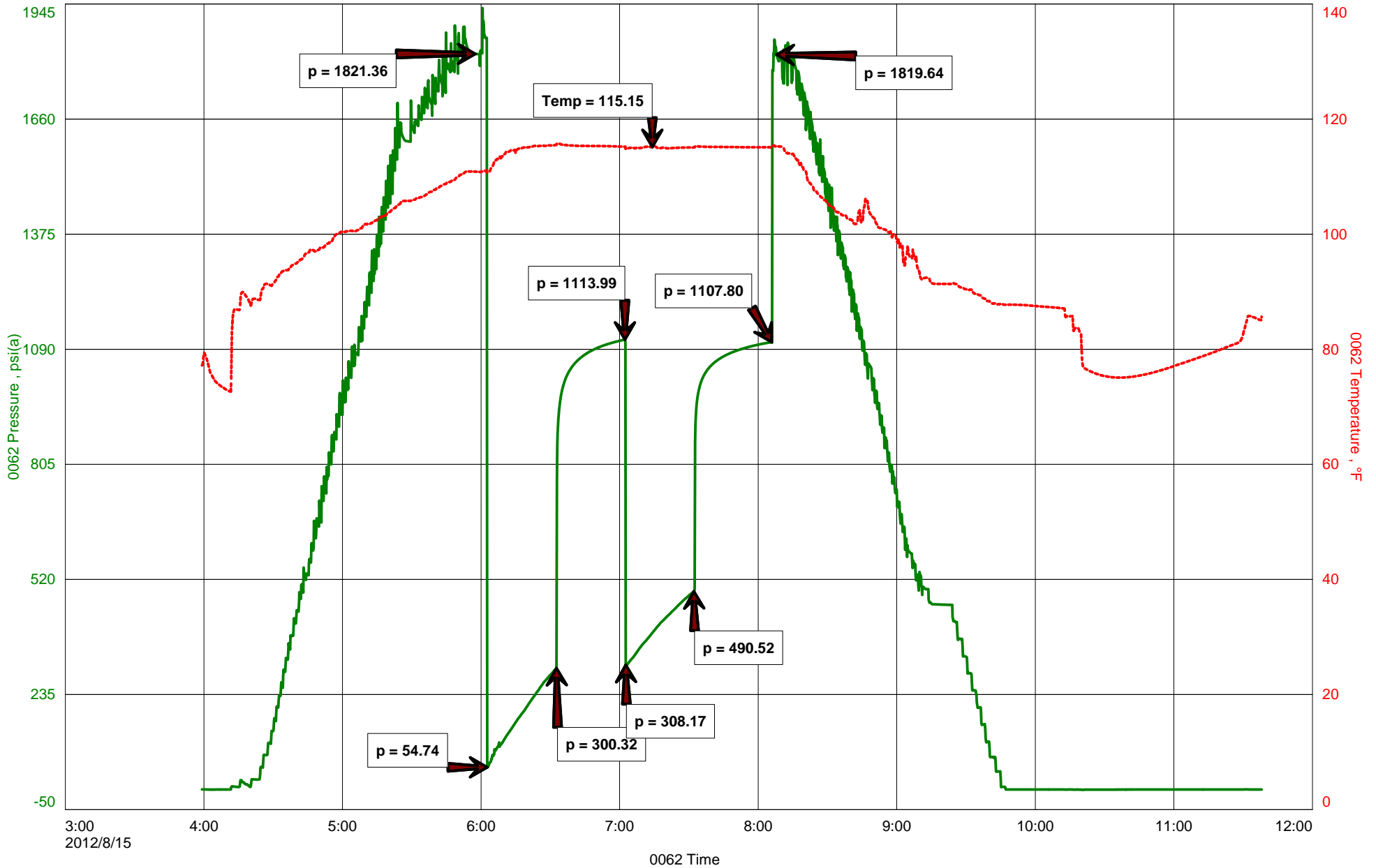
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	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.

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BYRON #1-31





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 BYRON #1-31
Unique Well ID DST #2 LANSING 'B-F' 3897-3974
Surface Location SEC 31-14s-34w-LOGAN CO-KS
Test Unit NO. 5
Pool
Job Number F002
Qualified By JOHN GOLDSMITH

Test Information

Test Type CONVENTIONAL
Formation DST #2 LANSING 'B-F' 3897-3974
Start Test Date 2012/08/16
Final Test Date 2012/08/16

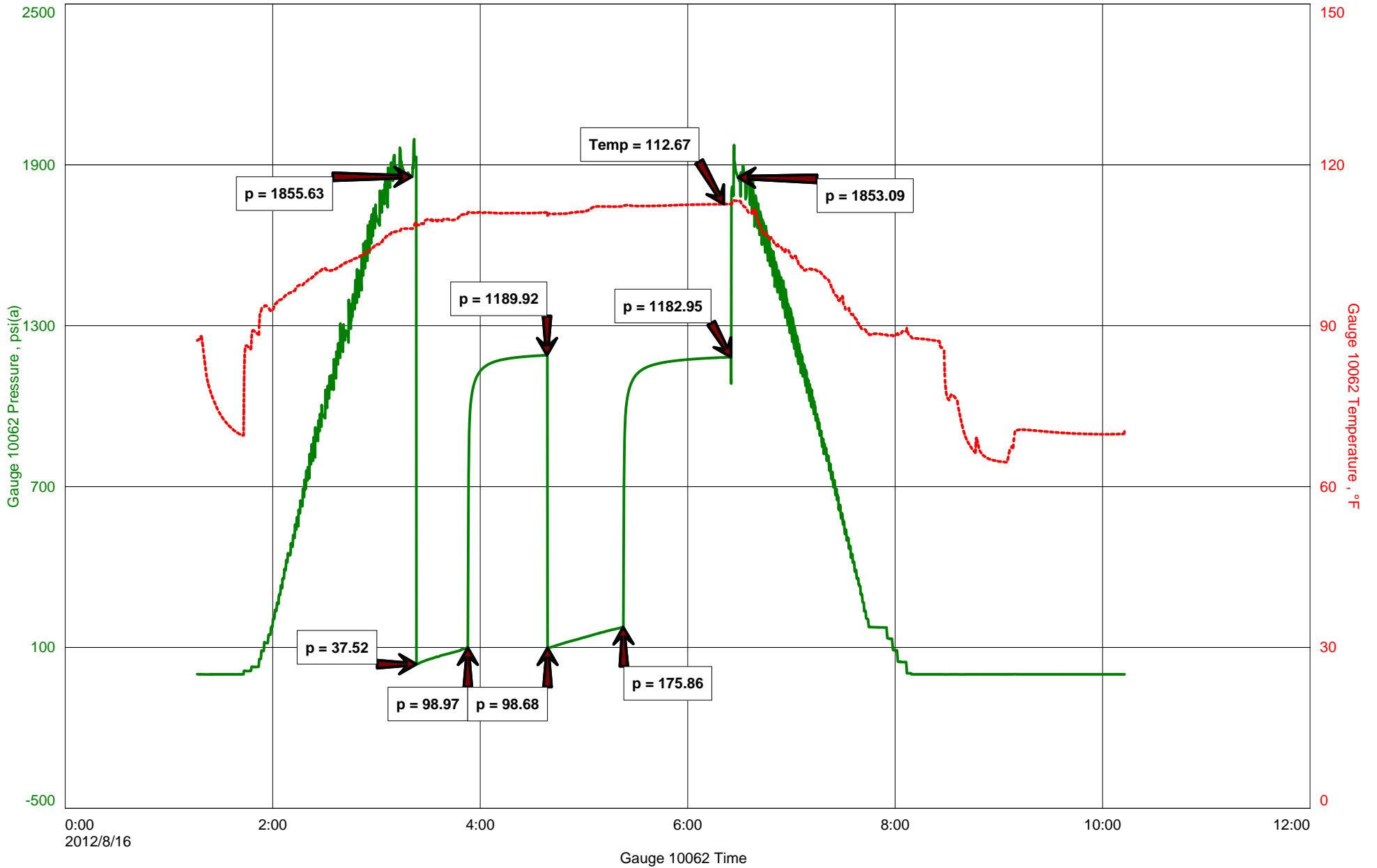
Test Purpose Initial Test
Gauge Name Gauge 10062
Start Test Time 01:15:00
Final Test Time 10:13:00

Test Results

RECOVERED: 3' FREE OIL 100% OIL
10' OCWM 10% OIL, 30% WTR, 60% MUD
126' OSWCM 1% OIL, 8% WTR, 91% MUD
126' MUDDY WTR 58% WTR, 42% MUD
63' HvyMCW 74% WTR, 26% MUD

328' TOTAL FLUID RECOVERY
TOOL SAMPLE: 2% OIL, 75% WTR, 23% MUD
GRAVITY: 27.5 Deg API (CORRECTED)
CHLORIDES: 18,000 Ppm
RW: .32 ohm @ 65 Deg F
PH: 8.0

BYRON #1-31





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

**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 BYRON #1-31
Unique Well ID DST #3 ALTAMONT A/B 4268-4340
Surface Location SEC 31-14s-34w-Logan Co-KS
Test Unit NO. 5
Pool
Job Number F003
Qualified By JOHN GOLDSMITH

Test Information

Test Type CONVENTIONAL
Formation DST #3 ALTAMONT A/B 4268-4340
Start Test Date 2012/08/17
Final Test Date 2012/08/18

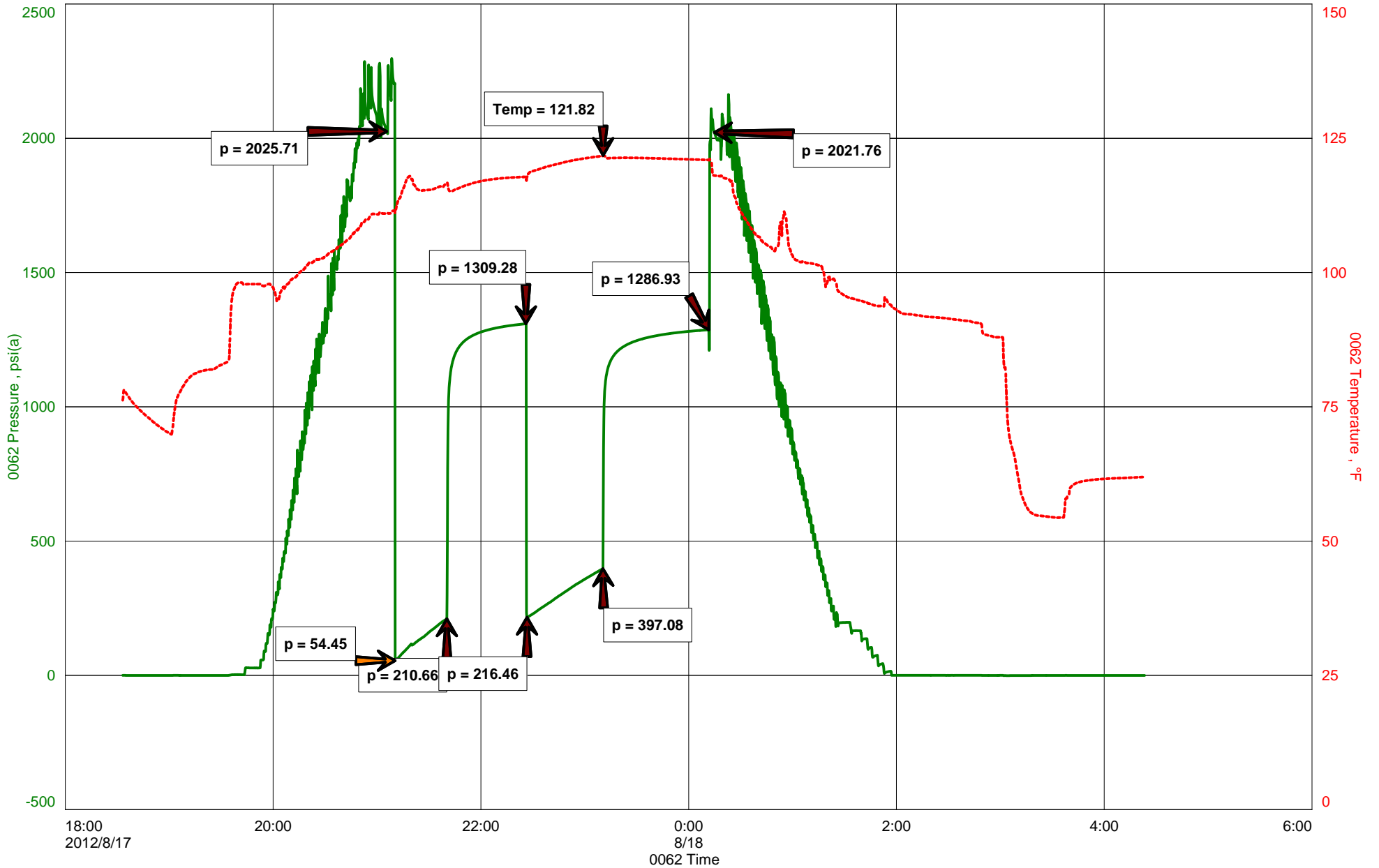
Test Purpose
Gauge Name 0062
Start Test Time 18:33:00
Final Test Time 04:24:00

Test Results

RECOVERED: 1386' GAS IN PIPE
806' CLEAN FREE OIL
23' HOCM 30% OIL, 70% MUD
63' HMCO 67% OIL, 33% MUD
63' VrySWCMO 59% OIL, 1% WTR, 60% MUD
63' HOCM 26% OIL, 74% MUD

TOOL SAMPLE: .5% WTR, 99.5% OIL
TOTAL FLUID RECOVERED: 1018'
GRAVITY: 34 @ 55 Deg F = 34.5 CORRECTED

BYRON #1-31





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 _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	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.

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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	BYRON #1-31
Well Operator	NEW GULF OPERATING, LLC	Unique Well ID	DST #4 JOHNSON 4452-4520
Contact	JIM HENKLE	Surface Location	SEC 31-14s-34w-Logan Co-KS
Site Contact	JOHN GOLDSMITH	Test Unit	NO. 5
Field	WILDCAT	Pool	
Well Type	Vertical	Job Number	F004
Prepared By	JAKE FAHRENBRUCH	Qualified By	JOHN GOLDSMITH

Test Information

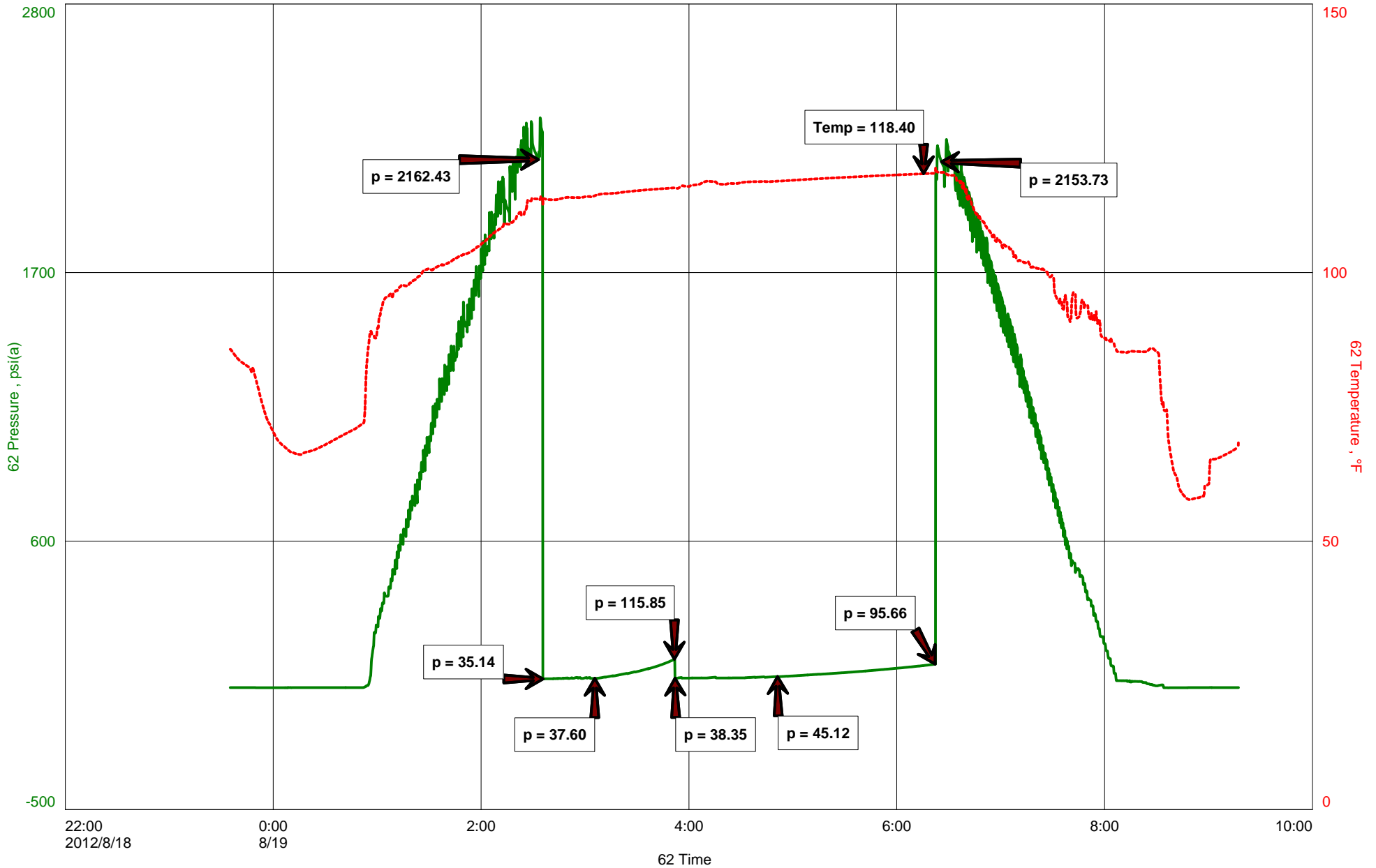
Test Type	CONVENTIONAL	Test Purpose	Initial Test
Formation	DST #4 JOHNSON 4452-4520	Gauge Name	62
Start Test Date	2012/08/18	Start Test Time	23:35:00
Final Test Date	2012/08/19	Final Test Time	09:17:00

Test Results

RECOVERED: 10' SOSM TRACE% OIL, 99+% MUD
TOTAL FLUID RECOVERED: 10'
TOOL SAMPLE: SOSM TRACE% OIL, 99+% MUD

OIL IN RECOVERED FLUID MAY B E RESIDUAL FROM PREVIOUS D.S.T.

BYRON #1-31





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 _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	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.



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
Fax 620/431-0012

INVOICE

Invoice # 252578

Invoice Date: 08/31/2012 Terms: 10/10/30,n/30

Page 1

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

BYRON 1-31
37123
31-14-34
08-31-2012
KS

SEP 07 2012

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	200.00	22.5500	4510.00
1131	60/40 POZ MIX	50.00	15.1000	755.00
1118B	PREMIUM GEL / BENTONITE	172.00	.2500	43.00
1110A	KOL SEAL (50# BAG)	1000.00	.5600	560.00
1144G	MUD FLUSH (SALE)	500.00	1.0000	500.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	413.0000	413.00
4104	CEMENT BASKET 5 1/2"	2.00	276.0000	552.00
4130	CENTRALIZER 5 1/2"	10.00	58.0000	580.00
4454	5 1/2" LATCH DOWN PLUG	1.00	303.0000	303.00
4285	5 1/2" PORT COLLAR	1.00	2075.0000	2075.00

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-1029.10
9995-130	CEMENT EQUIPMENT DISCOUNT	-374.87

Description	Hours	Unit Price	Total
399 SINGLE PUMP	1.00	3020.00	3020.00
399 EQUIPMENT MILEAGE (ONE WAY)	30.00	5.00	150.00
460 TON MILEAGE DELIVERY	1.00	578.70	578.70

COMPANY
WELL # Byron 1-31
AFE # _____
G/L ACCT CODE 9308
G/L DESCRIPT Cement
DATA ENTRY/DATE _____
AUTHORIZED/DATE 9-12-12 WHK

Amount Due 14842.39 if paid after 09/30/2012

Parts:	10291.00	Freight:	.00	Tax:	722.42	AR	13358.15
Labor:	.00	Misc:	.00	Total:	13358.15		
Sublt:	-1403.97	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

TICKET NUMBER 37123
LOCATION Oakley, KS
FOREMAN Kelly Gabel
Fuzzy

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
8-31-12	5601	Byron 1-31	31	745	841 ^W	Logan ^{KS}
CUSTOMER New Gulf oper.			Russell Springs 5 to 60 rd 2E 5 into			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			529	Mike		
STATE			529	Mike		
ZIP CODE			529	Mike		
			529	Mike		
			529	Mike		

JOB TYPE PROD-O HOLE SIZE 7 7/8 HOLE DEPTH 4740 CASING SIZE & WEIGHT 5 1/2' 15.5 #
CASING DEPTH 4718 DRILL PIPE _____ TUBING _____ OTHER PC TOP # 57
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting, Ran float equip. on JT # centralizers, 1, 3, 6, 10, 14, 18
22, 24, 56, 58 Baskets, 1, 56 pc top of #57 hooked up to circulate,
for 1 hr, Pumped 5 bbl water mud flush 5 bbl water, 20 SKS W/O PZ
1/4 #10 seal in MH, 30 SKS RT, mixed 20 SKS OWC 5 # Kal-seal down center,
washed out pumps, released Plug & displaced with bbl water with
700 # lift, Plug landed @ 1500 # released pressure float held, washed out
Pump lines rigged down

*Thank You
Fuzzy, Kelly & crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3020 ⁰⁰	3020 ⁰⁰
5406	30	MILEAGE	5 ⁰⁰	150 ⁰⁰
1126	200 SKS	OWC	22 ⁵⁵	4510 ⁰⁰
1131	50 SKS	60/40 PZ	15 ¹⁰	755 ⁰⁰
118 B	172 #	Bentonite	.25	43 ⁰⁰
110A	1000	Kal-seal	.56	560 ⁰⁰
5407A	11.55	Ton Mileage delivery	1 ⁶⁷	578. ⁷⁰
1144 G	500 gal	Mud flush	1 ⁰⁰	500 ⁰⁰
4159	1	5 1/2 AFU Floatshoe (I)	413 ⁰⁰	413 ⁰⁰
4104	2	5 1/2 Basket (W)	276 ⁰⁰	552 ⁰⁰
4130	10	5 1/2 centralizer (I)	58 ⁰⁰	580 ⁰⁰
4454	1	5 1/2 latchdown w/plug (I)	303 ⁰⁰	303 ⁰⁰
4285	1	5 1/2 Port collar (I)	2025 ⁰⁰	2025 ⁰⁰
				14,039. ⁷⁰
				1403. ⁹⁷
				12,635. ⁷³
			SALES TAX	722.42
			ESTIMATED TOTAL	13358.15

Revin 3737

6:30 PM

AUTHORIZATION _____

[Signature]
TITLE _____

DATE 8-31-12

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

252578



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
 620/431-9221 1-800/467-8676
 Fax 620/431-0012

INVOICE

Invoice # 251968

Invoice Date: 08/14/2012 Terms: 10/10/30,n/30

Page 1

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

BYRON 1-31
 37074
 31-14-34
 08-09-2012
 KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	225.00	17.6500	3971.25
1102	CALCIUM CHLORIDE (50#)	635.00	.8900	565.15
1118B	PREMIUM GEL / BENTONITE	423.00	.2500	105.75

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-464.22
9995-130	CEMENT EQUIPMENT DISCOUNT	-176.63

Description	Hours	Unit Price	Total
463 CEMENT PUMP (SURFACE)	1.00	1085.00	1085.00
463 EQUIPMENT MILEAGE (ONE WAY)	30.00	5.00	150.00
528 TON MILEAGE DELIVERY	1.00	531.30	531.30

COMPANY
 WELL # Byron 1-31
 AFE # _____
 G/L ACCT CODE 9308
 G/L DESCRIPT Cement Surface
 DATA ENTRY/DATE _____
 AUTHORIZED/DATE 9-5-12 WHK

OKDSS

Amount Due 6770.54 if paid after 09/13/2012

Parts:	4642.15	Freight:	.00	Tax:	325.88	AR	6093.48
Labor:	.00	Misc:	.00	Total:	6093.48		
Sublt:	-640.85	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



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

FIELD TICKET & TREATMENT REPORT

CEMENT

TICKET NUMBER 37074
LOCATION Oaklay
FOREMAN Fuzz

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-9-12	5661	Byron 1-31	31	14S	34W	Lewan
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
New Golf Operations			403	Serrin W		
MAILING ADDRESS			528	Jordan L		
CITY						
STATE						
ZIP CODE						

Russell Springs
& edge
S-Gold
red
1 1/2
in

JOB TYPE Surfact HOLE SIZE 12 1/4 HOLE DEPTH 266' CASING SIZE & WEIGHT 8 3/8
 CASING DEPTH 266' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 1.36 WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
 DISPLACEMENT 15.6 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____
 REMARKS: Safety meeting on UAL #4. Rig up and circulate, mix 225 Sbs class 'A' 300cc, 200cc. Displace 15 1/2 Bbl + shot in cement did circulate approx 4 Bbl to pit.

Thanks Fuzz & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1085.00	1085.00
5406	30	MILEAGE	5.00	150.00
5407A	10.6 don	Tow mileage Delivery	1.67	531.30
11045			17.65	3971.25
1102	225	Class 'A' Cement		
1102	635*	Calcium Chloride	1.89	565.15
1118B	423*	Bentonite	1.25	105.75
		subtotal		6408.45
		less 1090		640.85
		subtotal		5767.60
		SALES TAX		325.88
		ESTIMATED TOTAL		6093.48

Completed

Ravin 3737

AUTHORIZATION Antares 27 Courra TITLE Driller 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.

251968



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
Fax 620/431-0012

INVOICE

Invoice # 252272

Invoice Date: 08/22/2012 Terms: 10/10/30,n/30

Page 1

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

BYRON #1-31
37133
31-14-34
08-21-2012
KS

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	200.00	22.5500	4510.00
1110A	KOL SEAL (50# BAG)	1000.00	.5600	560.00
1131	60/40 POZ MIX	550.00	15.1000	8305.00
1118B	PREMIUM GEL / BENTONITE	3784.00	.2500	946.00
1107	FLO-SEAL (25#)	138.00	2.8200	389.16
1144G	MUD FLUSH (SALE)	500.00	1.0000	500.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	413.0000	413.00
4104	CEMENT BASKET 5 1/2"	1.00	276.0000	276.00
4283	DV TOOL W/ LATCH DOWN	1.00	3850.0000	3850.00
4130	CENTRALIZER 5 1/2"	10.00	58.0000	580.00

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-2032.92
9995-130	CEMENT EQUIPMENT DISCOUNT	-482.84

Description	Hours	Unit Price	Total
460 TON MILEAGE DELIVERY	1.00	829.20	829.20
T-118 SINGLE PUMP	1.00	3020.00	3020.00
T-118 EQUIPMENT MILEAGE (ONE WAY)	30.00	5.00	150.00
T-127 TON MILEAGE DELIVERY	1.00	829.20	829.20

COMPANY _____
WELL # Byron 1-31
AFE # _____
G/L ACCT CODE 9308
G/L DESCRIPT Cement Prod csg.
DATA ENTRY/DATE _____
AUTHORIZED/DATE 9-5-12 WHK

Amount Due 26743.23 if paid after 09/21/2012

Parts:	20329.16	Freight:	.00	Tax:	1427.10	AR	24068.90
Labor:	.00	Misc:	.00	Total:	24068.90		
Sublt:	-2515.76	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 37133

LOCATION Oakley, KS

FOREMAN Milag Shaw

Kelly Gabel

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-24-12	5261	Byron # 1-31	31	14S	34W	Logan
CUSTOMER New Gulf Operating			Riss of same 5 to gal/d rd 1 1/2 Est into			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			456 1118	Jerry, Y		
STATE			528707	Jordan L		
ZIP CODE			400	Liles F		

JOB TYPE 2-Stage HOLE SIZE 7 7/8 HOLE DEPTH 4775' CASING SIZE & WEIGHT 5 1/2" 15.5#
 CASING DEPTH 4724.39 DRILL PIPE _____ TUBING _____ OTHER DuTool @ 239775
 SLURRY WEIGHT 13.0-14.5 SLURRY VOL 1.42-1.89 WATER gal/sk 6.9-10.8 CEMENT LEFT in CASING 42.15
 DISPLACEMENT 112 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Val 4 Centralizers on 1, 3, 6, 10, 14, 18, 22, 24, 56, 58
Basket on 56 DU Tool Ton 57. Big wand circulate casing thr. Pump 5 bbls water
500 gal mud flush. 5 bbls water mix 200 shs OWC with 5" Halseal Cleared Pump
& lines displace 55 bbls water 57 bbls mud lift pressure 2500 psi landed @ 1900 psi
Dropped bump valve 15 min open tool @ 1000 psi Circulated 4 hrs. Pumped 5 bbls water
mix 30 shs R.H. 20 shs M.H. mix 500 60/40 80 gal 1/4" Flo Seal Cleared Pump & lines
Q.3 placed 57 1/2 bbls water plug landed @ 1600 psi. lost circulation @ 20 bbls came back
@ 31 bbls lost circulation @ 5 bbls never returned Com mit did not circulate

Thanks Milag & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5461 C	1	PUMP CHARGE	3020. ⁰⁰	3020. ⁰⁰
5406	30	MILEAGE	5. ⁰⁰	150. ⁰⁰
5407 A	33.1 ton	Ton mileage delivery	1.67	1658. ⁴⁰
1126	200 shs	OWC cement	22.55	4510. ⁰⁰
1110 A	1000 #	Halseal	.56	560. ⁰⁰
1131	550 shs	Poz 60/40 cement	15.10	8305. ⁰⁰
1118 B	3714 #	Bentonite gel	.25	928. ⁵⁰
1107	138 #	Flo seal	2.82	389. ¹⁶
1144 G	500 gal	mud flush	1. ⁰⁰	500. ⁰⁰
4159	1	5 1/2" AFU float shoe	413. ⁰⁰	413. ⁰⁰
4104	1	5 1/2" Basket	276. ⁰⁰	276. ⁰⁰
4283	1	5 1/2" DU Tool with latch down	3850. ⁰⁰	3850. ⁰⁰
4130	10	5 1/2" Centralizers	58. ⁰⁰	580. ⁰⁰
			Subtotal	25157. ⁵⁶
			loss 100 discount	2515. ⁷⁶
			Subtotal	22641. ⁸⁰
			SALES TAX	1427. ¹⁰
			ESTIMATED TOTAL	24068. ⁹⁰

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

252272