



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1105036
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: _____



1105036

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	New Gulf Operating LLC
Well Name	Cole 1-9
Doc ID	1105036

Tops

Name	Top	Datum
Anhydrite	2426	714
Base Anhydrite	2445	695
Stotler	3634	-494
Topeka	3778	-638
Heebner	4027	-877
Toronto	4042	-902
Lansing	4076	-936
Muncie Creek	4270	-1130
Stark	4372	-1232
Marmaton	4532	-1392
Pawnee	4614	-1474
Ft Scott	4656	-1516
Cherokee Shale	4681	-1541
Johnson	4726	-1586
Morrow Shale	4820	-1680
Mississippi	4891	-1751

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

December 17, 2012

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

Re: ACO1
API 15-171-20901-00-00
Cole 1-9
NE/4 Sec.09-18S-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
Laurie Rush



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

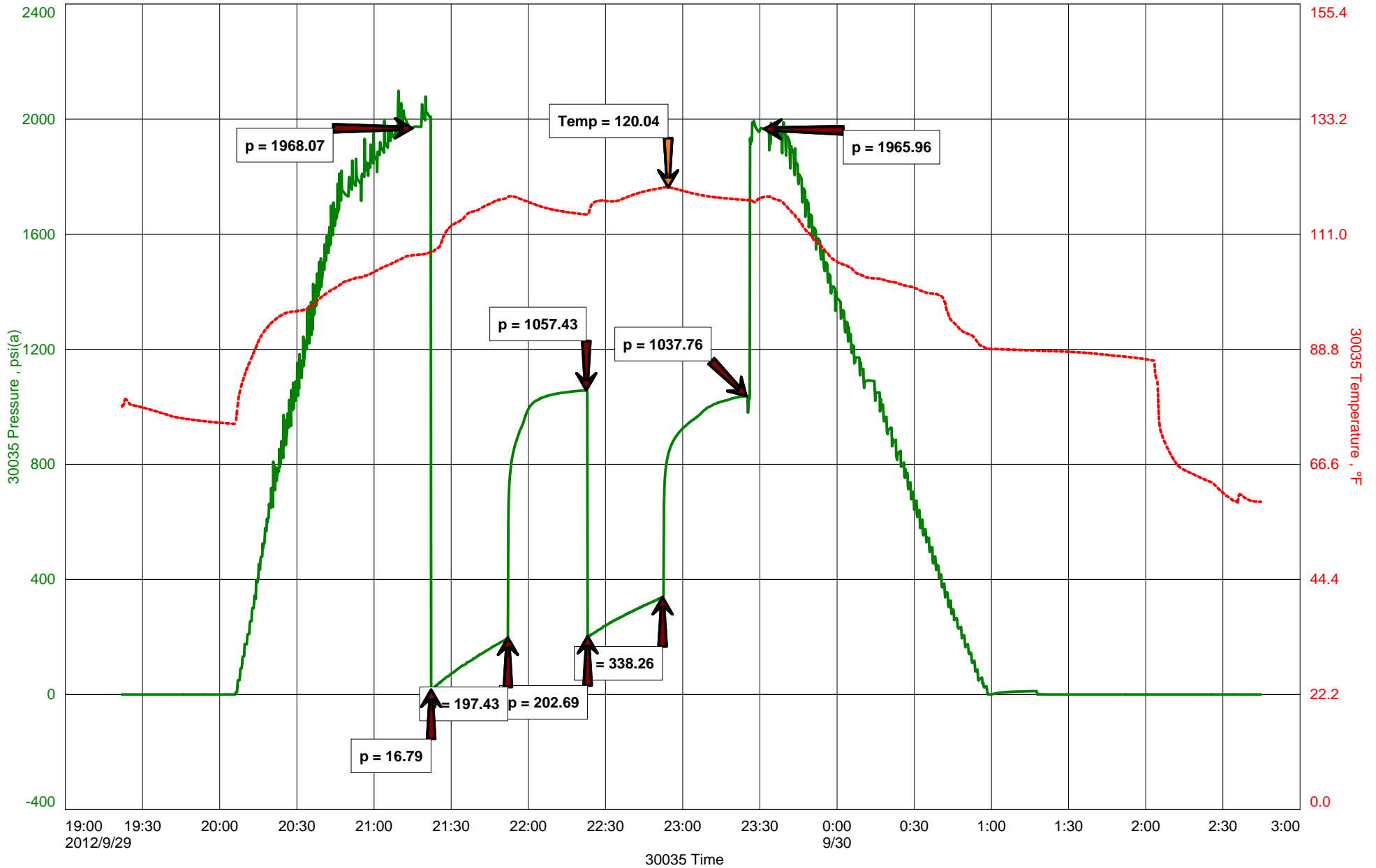
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... 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.

New Gulf Energy
DST #1 Lansing "D" 4140-4204'
Start Test Date: 2012/09/29
Final Test Date: 2012/09/30

Cole #1-9
Formation: DST #1 Lansing "D" 4140-4204'
Pool: Wildcat
Job Number: S0221

Cole #1-9



Diamond Testing

General information Report

General Information

Company Name New Gulf Energy

Contact	Jim Henkle	Job Number	S0221
Well Name	Cole #1-9	Representative	Jacob McCallie
Unique Well ID	DST #1 Lansing "D" 4140-4204'	Well Operator	New Gulf Energy
Surface Location	SEC 9-18S-34 W Scott County	Report Date	2012/09/30
Well License Number		Prepared By	Jacob McCallie
Field	Wildcat		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST #1 Lansing "D" 4140-4204'		
Well Fluid Type	06 Water	Start Test Time	19:22:00
		Final Test Time	02:46:00
Start Test Date	2012/09/29		
Final Test Date	2012/09/30		
Gauge Name	30035		
Gauge Serial Number			

Test Results

RECOVERED:

113'	WTR MUD	48% WTR	52% MUD
630'	Mud Cut WTR	94% WTR	6% MUD
743'	TOTAL FLUID		

PH: 7
RW: .28 @ 55 degrees F
Chlorides: 32,000 ppm

TOOL SAMPLE:
99% WTR 1% MUD



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

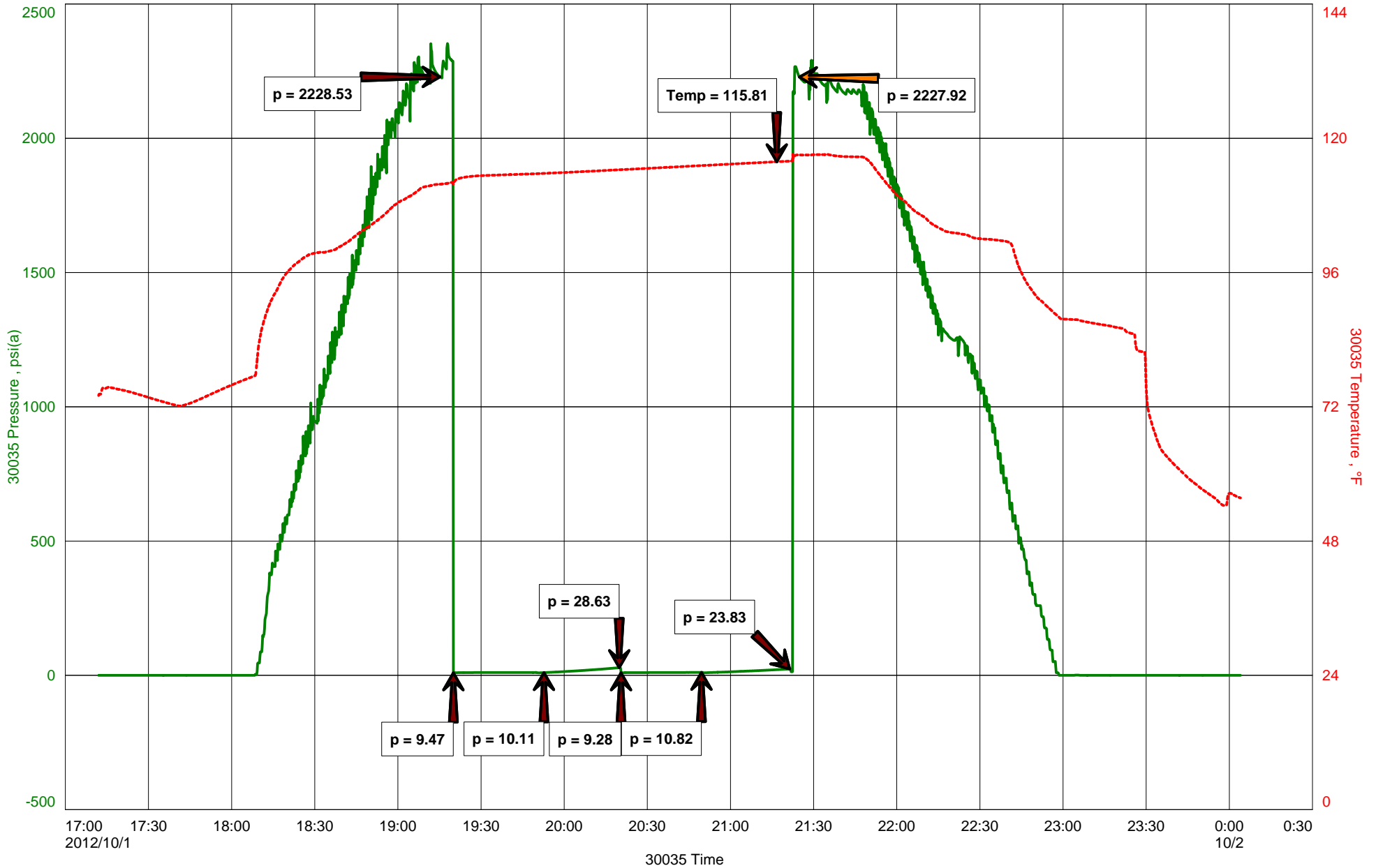
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... 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.

New Gulf Energy
DST #2 Pawnee / Ft. Scott 4596-4676'
Start Test Date: 2012/10/01
Final Test Date: 2012/10/02

Cole #1-9
Formation: DST #2 Pawnee / Ft. Scott 4596-4676'
Pool: Wildcat
Job Number: S0222

Cole #1-9



Diamond Testing

General information Report

General Information

Company Name New Gulf Energy

Contact

Jim Henkle

Well Name

Cole #1-9

Job Number

S0222

Unique Well ID

DST #2 Pawnee / Ft. Scott 4596-4676'

Representative

Jacob McCallie

Surface Location

SEC 9-18S-34W Scott County

Well Operator

New Gulf Energy

Well License Number

Report Date

2012/10/01

Field

Wildcat

Prepared By

Jacob McCallie

Well Type

Vertical

Test Type

Drill Stem Test

Formation

DST #2 Pawnee / Ft. Scott 4596-4676'

Well Fluid Type

01 Oil

Start Test Time

17:12:00

Final Test Time

00:05:00

Start Test Date

2012/10/01

Final Test Date

2012/10/02

Gauge Name

30035

Gauge Serial Number

Test Results

RECOVERED:

5'

DM

100% MUD

TOOL SAMPLE:

100% MUD

DRILLING REPORT
NEW GULF ENERGY

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

1-9 COLE
1676 'FNL 506'FEL
Section 9-T18S-R34W
Scott County, Kansas
API # 15-171-20901

Drilling Contractor: VAL DRILLING RIG 4 620-617-2793
Elevation: GL 3131 **KB 3140**
Wellsite Geologist: John Goldsmith 316-640-0236
New Gulf Geologist: Joe Baker 316-253-9696

Val Rig 4 Toolpusher: Larry Hinderliter 620-804-0097
New Gulf Rep : Danny Birdwell 432-940-6680/ Jim Hinkle 620-617-2868

	E-LOG TOPS	DATUM
ANHYDRITE	2426	714
BASE ANHYDRITE	2445	695
STOTLER	3634	-494
TOPEKA	3778	-638
HEEBNER	4027	-887
TORONTO	4042	-902
LANSING	4076	-936
MUNCIE CREEK	4270	-1130
STARK	4372	-1232
MARMATON	4532	-1392
PAWNEE	4614	-1474
FT SCOTT	4656	-1516
CHEROKEE SHALE	4681	-1541
JOHNSON	4726	-1586
MORROW SHALE	4820	-1680
MISSISSIPPIAN	4891	-1751
RTD	5070	-1930
LTD	5073	-1933

9/24/2012 Spud/ Ran 6 jts. 23# 8 5/8 Tally 254' set @ 266' w/ 200 sxs common 2% gel, 3% cc
 9/25/2012 330' Drilling Ahead
 9/26/2012 2106' Drilling Ahead
 9/27/2012 3070' Drilling Ahead
 9/28/2012 3615' Drilling Ahead
 9/29/2012 4047' Lansing A zone CFS No Shows
 9/30/2012 4204' Dst # 1 Lansing D/E/F
 10/1/12 4605' Dst # 2 Pawnee/Ft Scott
 10/2/12 4720'
 10/3/12 5046/5070-RTD/LOG
 10/4/12 PLUG

Dst #1 4140-4204 Lansing D/E/F

30-30-30-30

1st Open: BOB in 8 Minutes, No blow back

2nd Open: BOB in 9 1/2 Minutes, No Blow Back

Recovery: 630' Mud Cut Water (48% wtr,52% Mud)

113' Watery Mud (94% Wtr,6% Mud)

Total Fluid: 743'

IFP/FFP: 17-197/204-338#

ISP/FSP:1057/1038#

IHP/FHP 1968/1966 BHT: 120

Dst #2 4596-4676 Ft Scott/Pawnee

30-30-30-30

1st Open: Weak 1/4" Died in 28 Min.

2nd Open: No Blow Back

Recovery: 5' Mud

Total Fluid: 5'

IFP/FFP: 9-10/9-11#

ISP/FSP:29/24#

IHP/FHP 2229/2228 BHT: 116



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 37176
LOCATION Oakley, KS
FOREMAN Kelly Gabe

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-24-12	5661	cole #1	Q	185	34W	Scott
CUSTOMER New Gulf oper, LLC			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS			309 Jerry			
CITY STATE ZIP CODE			528 Mike			

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 370 CASING SIZE & WEIGHT 8 5/8 24#
 CASING DEPTH 270 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 148 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 16 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting, rigged up on val #4, hooked up to circulate, mixed 200 sks com 3% gel, displaced with 16 bbl water, shut in, washed pump & lines, rigged down.

Cement did circulate
Approx 4 bbl to pit

*Thank You
Kelly & 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
11045	200 sks	Class A cement	17.65	3530.00
1102	564#	Calcium chloride	.89	501.96
1183	376	Bentonite	.25	94.00
5407A	9.4 ton	Ton Mileage	1.67	706.50
				6142.46
		Lead disc		614.35
				5528.21
		SALES TAX		308.20
		ESTIMATED TOTAL		5836.41

or completed

Revin 3737

9:30 PM

AUTHORIZATION [Signature] TITLE _____

DATE 9-24-12

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.

253191



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

OCT 11 2012

INVOICE

Invoice # 253381

Invoice Date: 10/08/2012 Terms: 10/10/30,n/30 Page 1

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

COLE 1-19
37210
9-18-34
10-04-2012
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	300.00	15.1000	4530.00
1118B	PREMIUM GEL / BENTONITE	1032.00	.2500	258.00
1107	FLO-SEAL (25#)	150.00	2.8200	423.00
4432	8 5/8" WOODEN PLUG	1.00	96.0000	96.00

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-530.70
9995-130	CEMENT EQUIPMENT DISCOUNT	-251.98

Description	Hours	Unit Price	Total
399 P & A NEW WELL	1.00	1325.00	1325.00
399 EQUIPMENT MILEAGE (ONE WAY)	45.00	5.00	225.00
T-129 TON MILEAGE DELIVERY	1.00	969.75	969.75

COMPANY _____
WELL # Cole 1-19
AFE # _____
G/L ACCT CODE 9208
G/L DESCRIPT Cement Surface Pipe
DATA ENTRY/DATE _____
AUTHORIZED/DATE 10-17-12 WJK

OK [Signature]

Amount Due 8267.23 if paid after 11/07/2012

Parts:	5307.00	Freight:	.00	Tax:	396.43	AR	7440.50
Labor:	.00	Misc:	.00	Total:	7440.50		
Sublt:	-782.68	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