



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1114840  
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: \_\_\_\_\_



1114840

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	New Gulf Operating LLC
Well Name	Zerr 5-20
Doc ID	1114840

Tops

Name	Top	Datum
Anhydrite	2580	480
Base Anhydrite	2604	456
Stotler	3674	-614
Topeka	3798	-738
Heebner	4021	-961
Lansing	4066	-1006
Muncie Creek	4210	-1150
Stark	4292	-1232
BKC	4358	-1298
Marmaton	4390	-1330
Pawnee	4496	-1436
Cherokee	4574	-1514
Johnson	4609	-1549
Miss	4670	-1610

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

February 11, 2013

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

Re: ACO1  
API 15-109-21151-00-00  
Zerr 5-20  
NE/4 Sec.20-12S-32W  
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,  
Danny Birdwell



# Diamond Testing General Report

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

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

## General Information

<b>Company Name</b>	New Gulf Operating LLC	<b>Well Name</b>	Zerr #5-20
<b>Well Operator</b>	New Gulf Operating LLC	<b>Unique Well ID</b>	DST #1 Lansing 4235'-4324'
<b>Contact</b>	Danny Birdwell	<b>Surface Location</b>	Sec 20-12s-32w-Logan Co.-KS
<b>Site Contact</b>	Curtis Covey	<b>Test Unit</b>	#5
<b>Field</b>	Younkin West	<b>Pool</b>	Younkin West
<b>Well Type</b>	Vertical	<b>Job Number</b>	F091
<b>Prepared By</b>	Jake Fahrenbruch	<b>Qualified By</b>	Curtis Covey

## Test Information

<b>Test Type</b>	Conventional Bottom-Hole	<b>Test Purpose</b>	Initial Test
<b>Formation</b>	Lansing 4235'-4324'	<b>Gauge Name</b>	0062
<b>Start Test Date</b>	2013/02/04	<b>Start Test Time</b>	02:30:00
<b>Final Test Date</b>	2013/02/04	<b>Final Test Time</b>	10:11:00

## Test Results

**Recovered:** 20' SOCM 5% oil, 95% mud  
 ----- (80 BBL oil in mud system)  
 ----- No noticeable Gas In Pipe  
 ----- Bottom-Hole Temp: 111 Deg F

**Pressures:** IHP: 2020  
 IFP: 10-15  
 ISIP: 1196  
 FFP: 15-18  
 FSIP: 1163  
 FHP: 2017



**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.

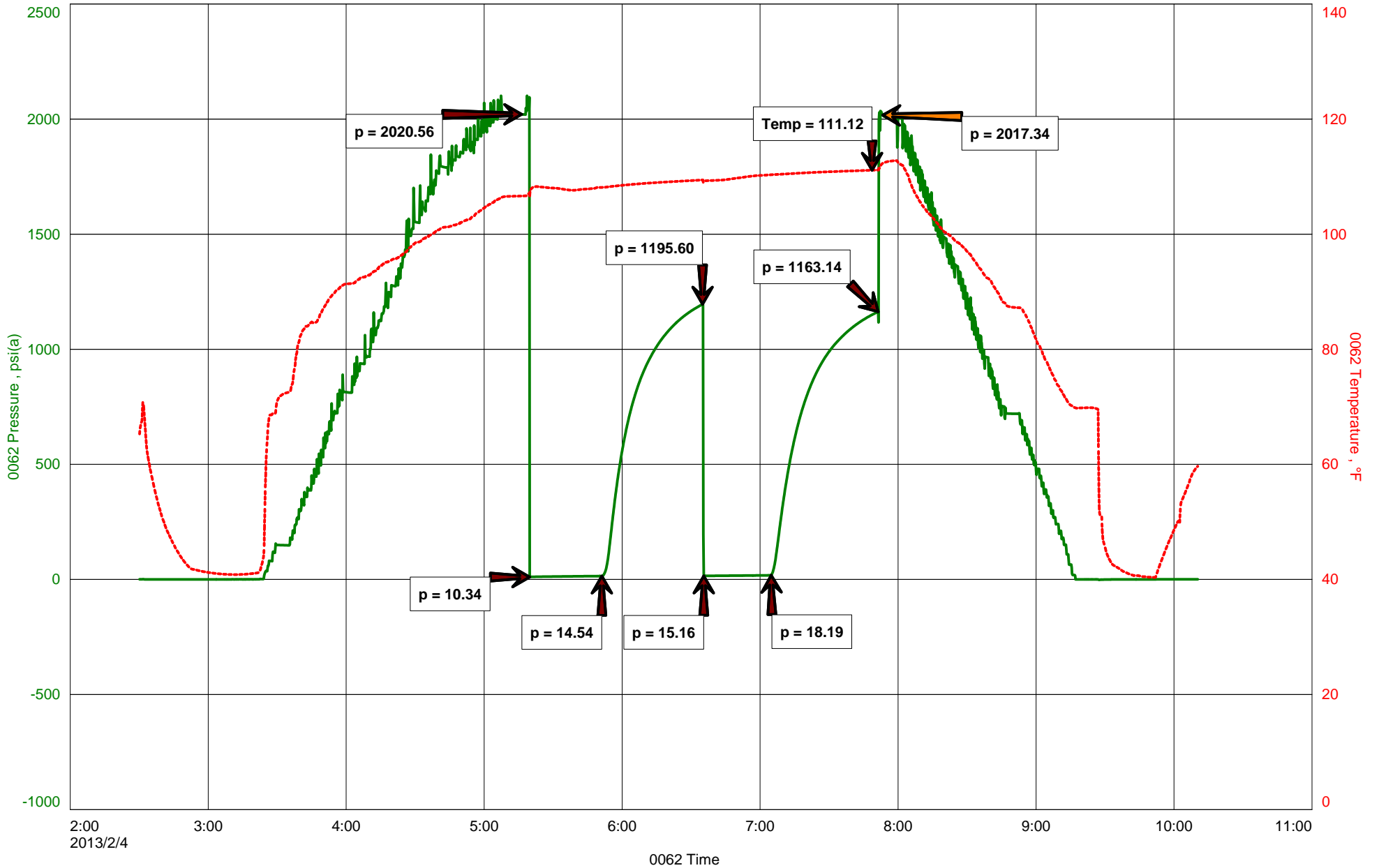
Blow: 1st Open: \_\_\_\_\_  
2nd Open: \_\_\_\_\_

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.

# Zerr #5-20





# Diamond Testing General Report

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

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

## General Information

<b>Company Name</b>	New Gulf Operating LLC	<b>Well Name</b>	Zerr #5
<b>Well Operator</b>	New Gulf Operating LLC	<b>Unique Well ID</b>	DST #2 Marmaton 4424'-4482'
<b>Contact</b>	Danny Birdwell	<b>Surface Location</b>	Sec 20-12s-32w-Logan Co.-KS
<b>Site Contact</b>	Curtis Covey	<b>Test Unit</b>	#5
<b>Field</b>	Younkin West	<b>Pool</b>	Younkin West
<b>Well Type</b>	Vertical	<b>Job Number</b>	F092
<b>Prepared By</b>	Jake Fahrenbruch	<b>Qualified By</b>	Curtis Covey

## Test Information

<b>Test Type</b>	Conventional Bottom-Hole	<b>Test Purpose</b>	Initial Test
<b>Formation</b>	Marmaton 4424'-4482'	<b>Gauge Name</b>	0062
<b>Start Test Date</b>	2013/02/05	<b>Start Test Time</b>	03:19:00
<b>Final Test Date</b>	2013/02/05	<b>Final Test Time</b>	10:08:00

## Test Results

**Recovered:** 1' SOCM  
No GIP  
Bottom-Hole Temp: 111 Deg F

**Pressures:** IHP: 2134  
IFP: 10-11  
ISIP: 16  
FFP: 11-11  
FSIP: 15  
FHP: 2131





**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.

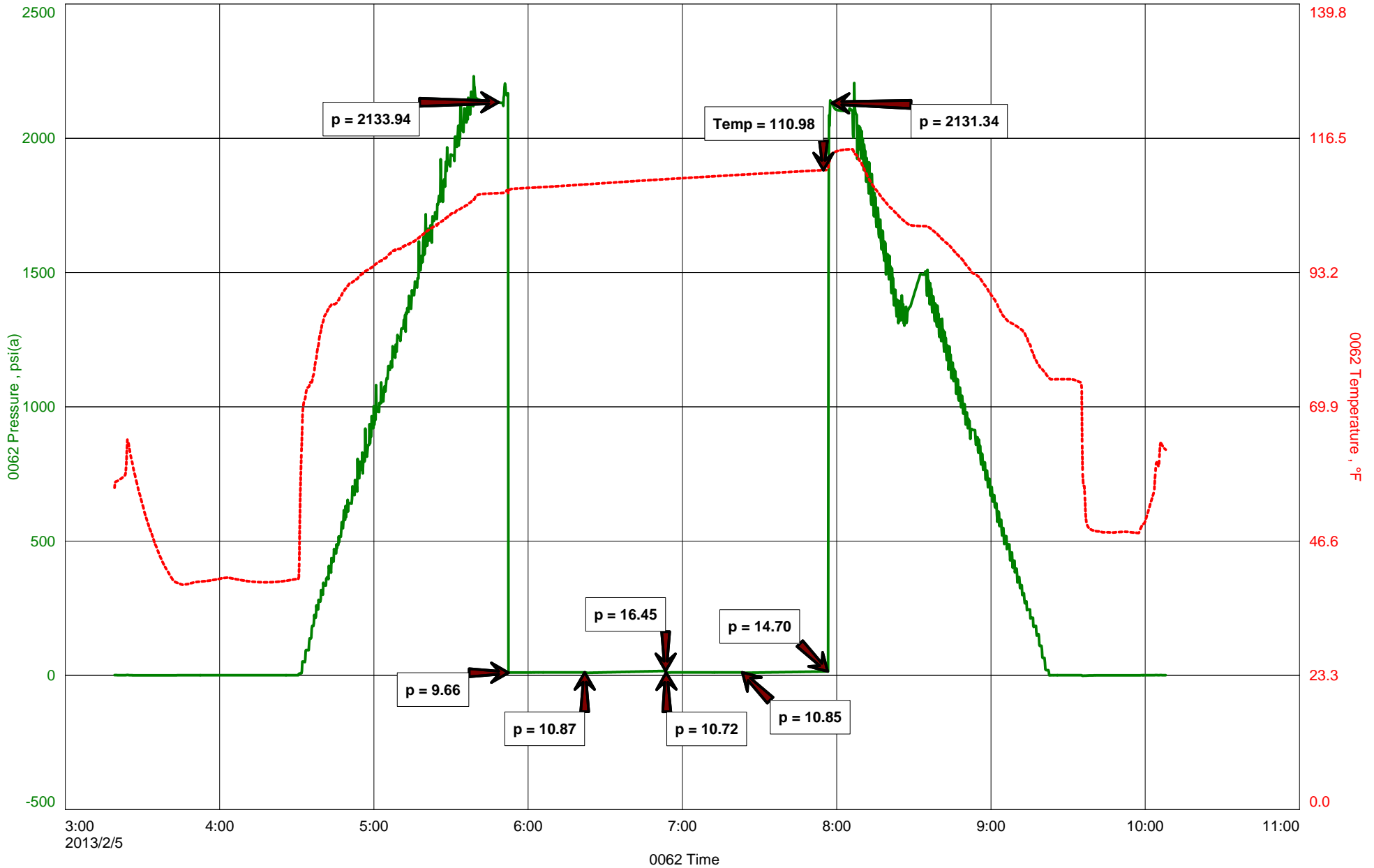
Blow: 1st Open: \_\_\_\_\_  
2nd Open: \_\_\_\_\_

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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# Zerr #5





# Diamond Testing General Report

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

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

## General Information

<b>Company Name</b>	New Gulf Operating LLC	<b>Well Name</b>	Zerr #5
<b>Well Operator</b>	New Gulf Operating LLC	<b>Unique Well ID</b>	DST #4 Mississippi 4694'-4732'
<b>Contact</b>	Danny Birdwell	<b>Surface Location</b>	Sec 20-12s-32w-Logan Co.-KS
<b>Site Contact</b>	Curtis Covey	<b>Test Unit</b>	#5
<b>Field</b>	Younkin West	<b>Pool</b>	Younkin West
<b>Well Type</b>	Vertical	<b>Job Number</b>	F094
<b>Prepared By</b>	Jake Fahrenbruch	<b>Qualified By</b>	Curtis Covey

## Test Information

<b>Test Type</b>	Conventional Bottom-Hole	<b>Test Purpose</b>	Initial Test
<b>Formation</b>	Mississippi 4694'-4732'	<b>Gauge Name</b>	0062
<b>Start Test Date</b>	2013/02/06	<b>Start Test Time</b>	22:32:00
<b>Final Test Date</b>	2013/02/07	<b>Final Test Time</b>	07:54:00

## Test Results

**Recovered:**    30' HOCM            37% oil, 63% mud  
 -----  
    +/- 30' GIP  
 -----  
    Bottom Hole Temp: 119 Deg F  
 -----  
    Tool Sample: OM, 45% oil, 55% mud

**Pressures:**

<b>IHP:</b>	2267
<b>IFP:</b>	10-20
<b>ISIP:</b>	369
<b>FFP:</b>	18-29
<b>FSIP:</b>	218
<b>FHP:</b>	2265



**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.

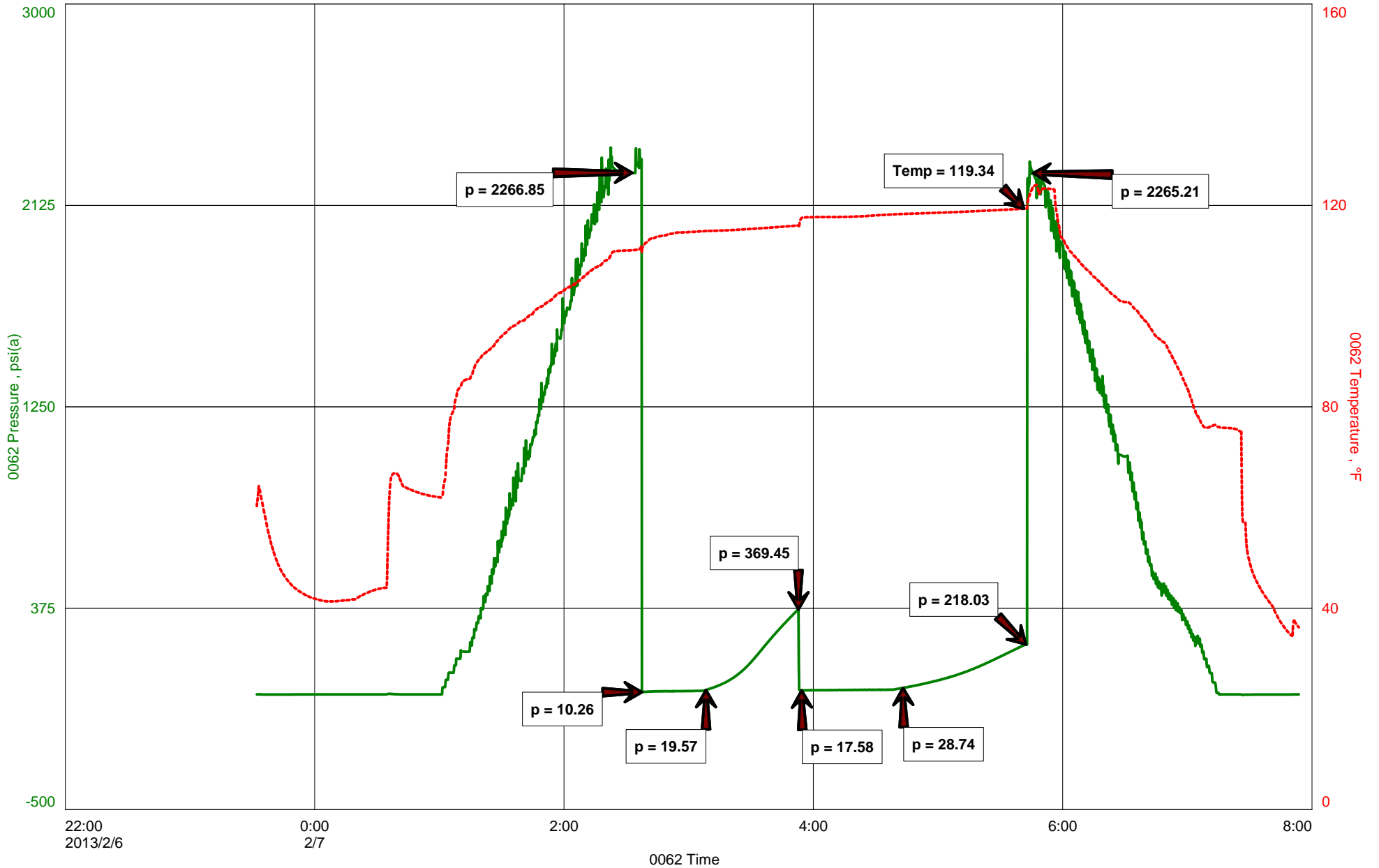
Blow: 1st Open: \_\_\_\_\_  
 2nd Open: \_\_\_\_\_

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.

# Zerr #5





# Diamond Testing General Report

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

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

## General Information

<b>Company Name</b>	New Gulf Operating LLC	<b>Well Name</b>	Zerr #5
<b>Well Operator</b>	New Gulf Operating LLC	<b>Unique Well ID</b>	DST #3 Johnson 4570'-4636'
<b>Contact</b>	Danny Birdwell	<b>Surface Location</b>	Sec 20-12s-32w-Logan Co.-KS
<b>Site Contact</b>	Curtis Covey	<b>Test Unit</b>	#5
<b>Field</b>	Younkin West	<b>Pool</b>	Younkin West
<b>Well Type</b>	Vertical	<b>Job Number</b>	F093
<b>Prepared By</b>	Jake Fahrenbruch	<b>Qualified By</b>	Curtis Covey

## Test Information

<b>Test Type</b>	Conventional Bottom-Hole	<b>Test Purpose</b>	Initial Test
<b>Formation</b>	Johnson 4570'-4636'	<b>Gauge Name</b>	0062
<b>Start Test Date</b>	2013/02/06	<b>Start Test Time</b>	05:16:00
<b>Final Test Date</b>	2013/02/06	<b>Final Test Time</b>	11:56:00

## Test Results

**Recovered:** 35' SOCM 5% oil, 95% mud  
No noticeable GIP  
Bottom Hole-Temp: 116 Deg F

**Pressures:** IHP: 2213  
IFP: 9-20  
ISIP: 1099  
FFP: 20-29  
FSIP: 1089  
FHP: 2204



**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.

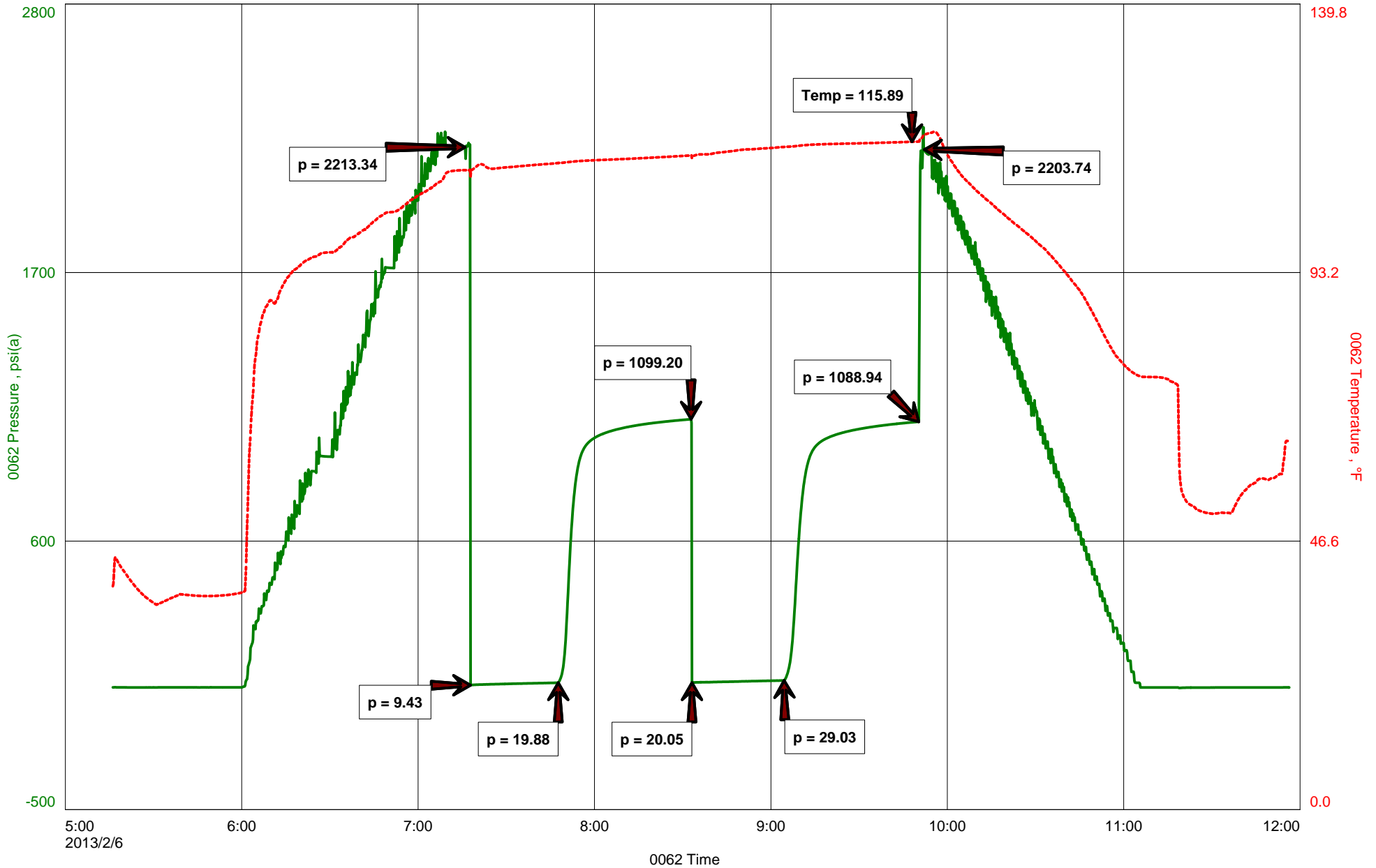
Blow: 1st Open: \_\_\_\_\_  
 2nd Open: \_\_\_\_\_

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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# Zerr #5







**CONSOLIDATED**  
Oil Well Services, LLC

256370

TICKET NUMBER 39225

LOCATION Oakley, KS

FOREMAN 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																
1-28-13	5661	Zerr S-20	20	12	32	LOSAW																
CUSTOMER New Golf Operating			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>463</td> <td>Cory D</td> <td></td> <td></td> </tr> <tr> <td>613</td> <td>Jordan L</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Geddie W</td> <td>Ride Along</td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	463	Cory D			613	Jordan L				Geddie W	Ride Along	
TRUCK #	DRIVER	TRUCK #					DRIVER															
463	Cory D																					
613	Jordan L																					
	Geddie W	Ride Along																				
MAILING ADDRESS																						
CITY	STATE	ZIP CODE																				

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 268' CASING SIZE & WEIGHT 8 5/8  
 CASING DEPTH 264' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.7 SLURRY VOL 1.36 WATER gal/sk 6.5 CEMENT LEFT in CASING 20'  
 DISPLACEMENT 15.5 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting on 1/14/13 Recap and circulate mix 180 SKS +  
Class 'A' 390cc 29gal. Displace 15' 1/2 @ 4L and shut in  
cement did circulate approx 6 BALS to pit

Thanks Fuzzy & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1085.00	1085.00
5406	10	MILEAGE	50.00	500.00
5407	8.5 ton	Tow mileage Delivery (min)	410.00	410.00
11045	180 SKS	Class 'A' cement	17.65	3177.00
1102	508 #	Calcium Chloride	.89	452.72
1118B	338 #	Bentonite	.25	84.50
		subtotal		5258.62
		less 1090		525.86
		subtotal		4732.76
1111	100 #	salt	N/C	N/C

completed

Ravin 3737

*[Signature]*  
AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_

SALES TAX 260.70  
ESTIMATED TOTAL 4993.46  
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

256621

TICKET NUMBER 39312  
LOCATION Oakley, KS  
FOREMAN Walt Dinkel

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
2-8-13	5661	Zerr #5	20	12S	32W	Logan
CUSTOMER New Golf			Ockley South to UTE-Red			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			463	Cory Davis		
STATE			530-7129	Travis Williams		
ZIP CODE						

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 1N CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE 4 1/2 XH TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 BPPM

REMARKS: Safety Meeting, rig up on Val #4, Plug as ordered

25 SKS @ 2.595'  
 100 SKS @ 1600'  
 40 SKS @ 315'  
 10 SKS @ 40'  
 15 SKS in M.H.  
 30 SKS in R.H.  
 220 SKS 60/40 por, 4% Gel  
 1/4 # Flor Seal

Thank You  
Walt + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1,325.00	1,325.00
5406	10	MILEAGE	5.00	50.00
1131	225 SKS	60/40 por	15.10	3,397.50
1118B	756 #	gel	1.25	189.00
1107	55 #	Flor Seal	2.82	155.10
5407	9.68	Ton Mileage Delivery	1.62	410.00
4432	1	8 5/8 wooden Plug	96.00	96.00

COPY

Completed

				5,622.60
				- 562.36
				5060.24
				219.41
				5329.75

SALES TAX \_\_\_\_\_ ESTIMATED TOTAL \_\_\_\_\_  
 AUTHORIZATION Jim Henkle 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.