



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1114919  
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: \_\_\_\_\_



1114919

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

<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> <i>(Submit ACO-4)</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	St. Joseph 1-10
Doc ID	1114919

Tops

Name	Top	Datum
Anhydrite	2544	468
Base Anhydrite	2566	444
Stotler	3644	-632
Topeka	3774	-762
Heebner	3998	-986
Lansing	4038	-1026
Muncie Creek	4175	-1163
Stark	4258	-1246
BKC	4324	-1312
Pawnee	4462	-1450
Ft. Scott	4502	1500
Cherokee Shale	4539	-1527
Johnson	4572	-1560
Morrow	4600	-1588
Miss	4622	-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 12, 2013

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

Re: ACO1  
API 15-109-21150-00-00  
St. Joseph 1-10  
SW/4 Sec.10-12S-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

## Pressure Survey Report

### General Information

Company Name	NEW GULF OPER.	Job Number	M460
Well Name	ST.JOSEPH #1-10	Representative	MIKE COCHRAN
Unique Well ID	DST#1 4106-4143 LANSING	Well Operator	NEW GULF OPER.
Surface Location	SEC.10-12S-32W LOGAN CO.KS.	Report Date	2013/01/22
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	CURTIS COVEY
		Test Unit	NO. 1

### Test Information

Test Type	CONVENTIONAL		
Formation	DST#1 4106-4143 LANSING		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2013/01/22	Start Test Time	04:40:00
Final Test Date	2013/01/22	Final Test Time	14:10:00
		Well Fluid Type	01 Oil
Gauge Name	0063		
Gauge Serial Number			

### Test Results

Remarks RECOVERED:

30' MW 60% WTR, 40% MUD  
30' TOTAL FLUID

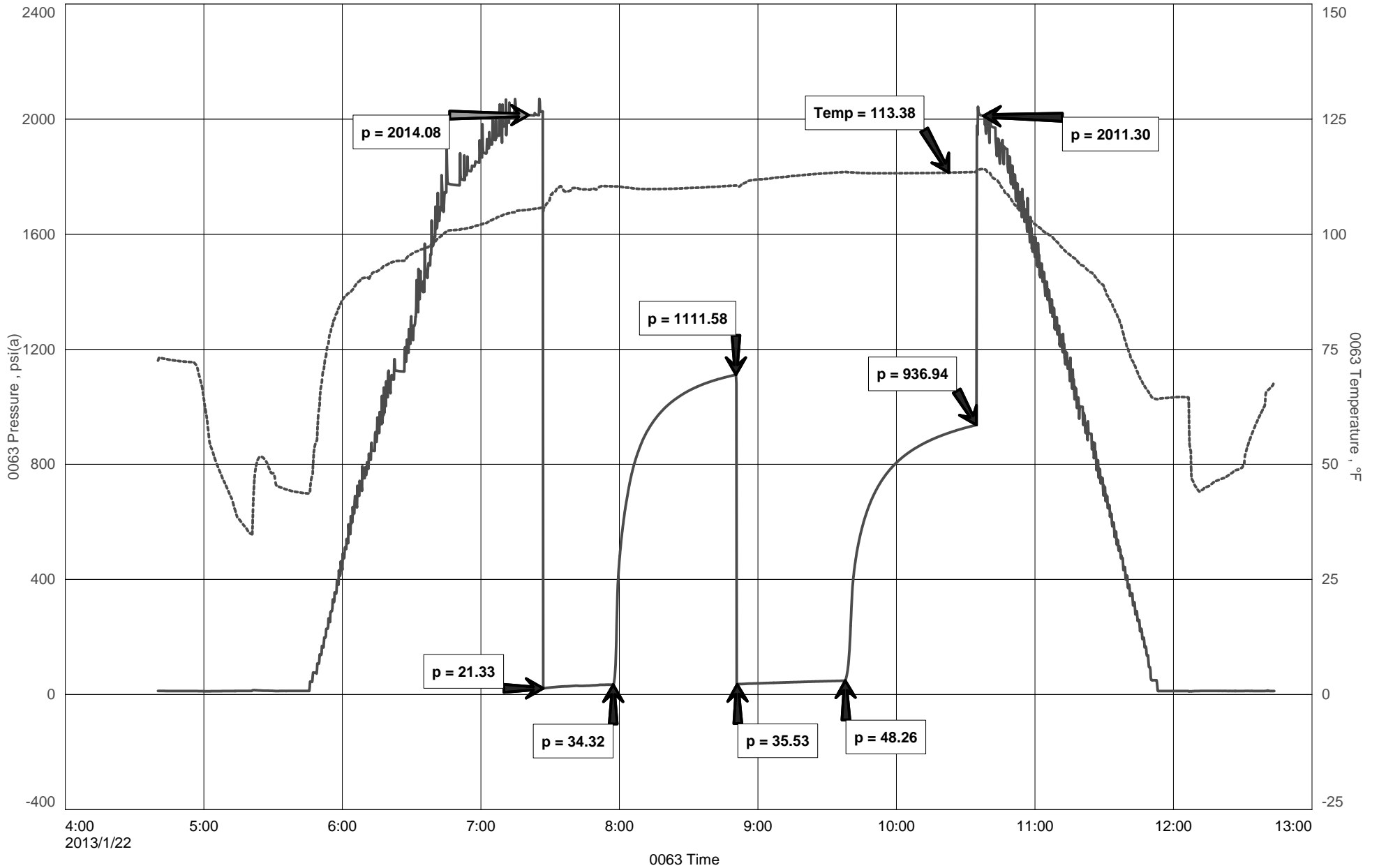
CHLOR: 18,000 PPM  
PH:8.5  
RW: .40 @ 60 DEG

TOOL SAMPLE: 40% WTR, 60% MUD W/ SOME OIL SPOTS (2), SLIGHT ODOR

NEW GULF OPER.  
DST#1 4106-4143 LANSING  
Start Test Date: 2013/01/22  
Final Test Date: 2013/01/22

ST.JOSEPH #1-10  
Formation: DST#1 4106-4143 LANSING  
Pool: WILDCAT  
Job Number: M460

# ST.JOSEPH #1-10





**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.

# DIAMOND TESTING

## Pressure Survey Report

### General Information

Company Name	NEW GULF OPER.	Job Number	M461
Well Name	ST.JOSEPH #1-10	Representative	MIKE COCHRAN
Unique Well ID	DST#2 4170-4272 LANSING	Well Operator	NEW GULF OPER.
Surface Location	SEC.10-12S-32W LOGAN CO.KS.	Report Date	2013/01/23
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	CURTIS COVEY
		Test Unit	NO. 1

### Test Information

Test Type	CONVENTIONAL		
Formation	DST#2 4170-4272 LANSING		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2013/01/23	Start Test Time	04:40:00
Final Test Date	2013/01/23	Final Test Time	14:00:00
		Well Fluid Type	01 Oil
Gauge Name	0063		
Gauge Serial Number			

### Test Results

Remarks RECOVERED:

655' GIP  
545' CO ~100% OIL W/ A TR OF WTR & MUD  
632' MWCGO 20%GAS, 59%OIL, 17% WTR, 4% MUD  
63' OSGMW 13% GAS, 4% OIL, 49% WTR, 34% MUD  
1240' TOTAL FLUID

CHLOR: 33,000 PPM  
PH:7.0  
RW: .20 @ 68 DEG

GRAVITY: 37.5 @ 60

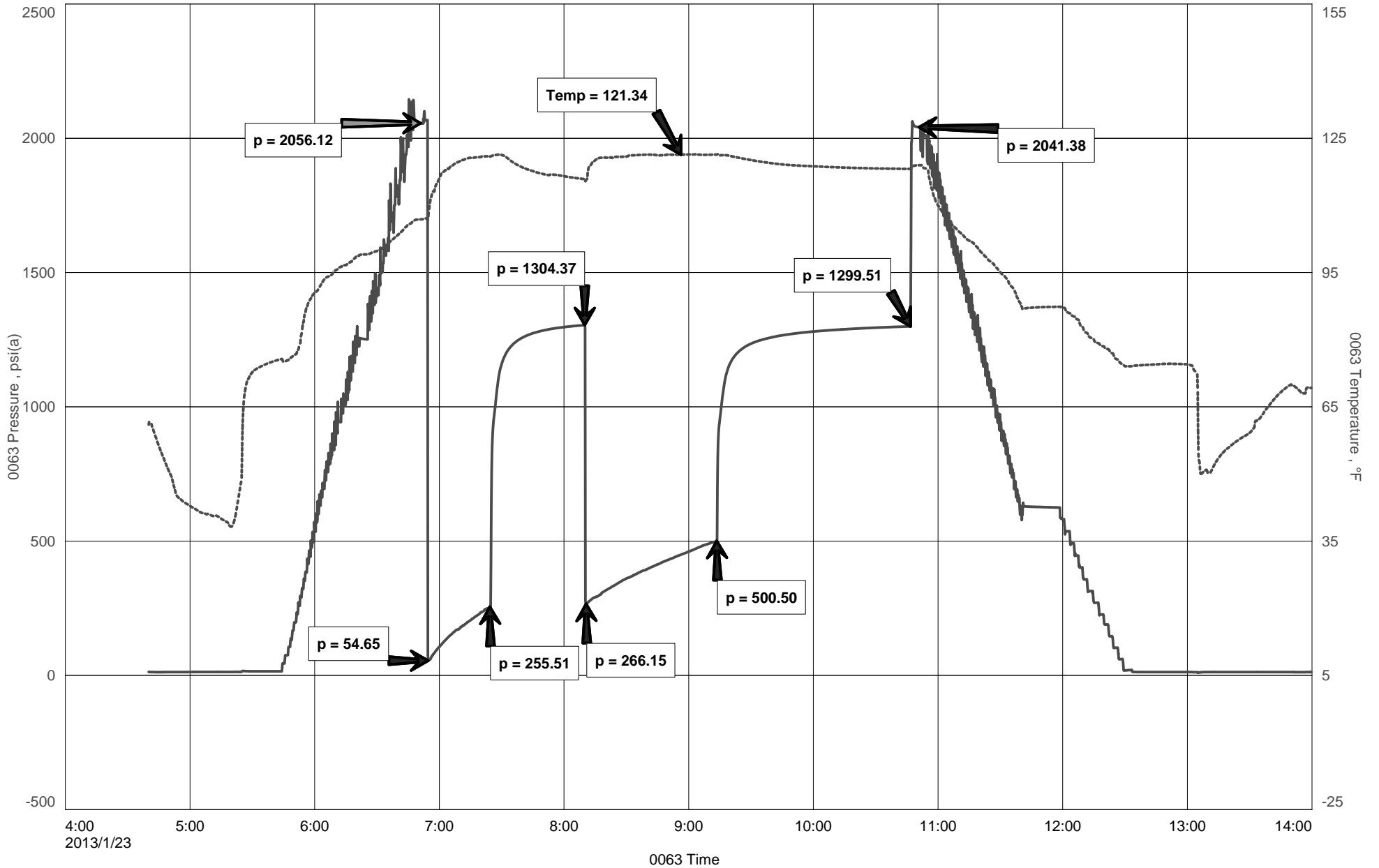
TOOL SAMPLE: 6% GAS, 23% OIL, 24% WTR, 47% MUD



NEW GULF OPER.  
DST#2 4170-4272 LANSING  
Start Test Date: 2013/01/23  
Final Test Date: 2013/01/23

ST.JOSEPH #1-10  
Formation: DST#2 4170-4272 LANSING  
Pool: WILDCAT  
Job Number: M461

# ST.JOSEPH #1-10





**DIAMOND TESTING**  
P.O. Box 157  
**HOISINGTON, KANSAS 67544**  
(800) 542-7313  
**DRILL-STEM TEST TICKET**  
FILE: \_\_\_\_\_

TIME ON: \_\_\_\_\_  
TIME OFF: \_\_\_\_\_

Company \_\_\_\_\_ Lease & Well No. \_\_\_\_\_  
Contractor \_\_\_\_\_ Charge to \_\_\_\_\_  
Elevation \_\_\_\_\_ Formation \_\_\_\_\_ Effective Pay \_\_\_\_\_ Ft. Ticket No. \_\_\_\_\_  
Date \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Range \_\_\_\_\_ W County \_\_\_\_\_ State **KANSAS**  
Test Approved By \_\_\_\_\_ Diamond Representative \_\_\_\_\_

Formation Test No. \_\_\_\_\_ Interval Tested from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Total Depth \_\_\_\_\_ ft.  
Packer Depth \_\_\_\_\_ ft. Size 6 3/4 in. Packer depth \_\_\_\_\_ ft. Size 6 3/4 in.  
Packer Depth \_\_\_\_\_ ft. Size 6 3/4 in. Packer depth \_\_\_\_\_ ft. Size 6 3/4 in.  
Depth of Selective Zone Set \_\_\_\_\_

Top Recorder Depth (Inside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
Bottom Recorder Depth (Outside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.

Mud Type \_\_\_\_\_ Viscosity \_\_\_\_\_ Drill Collar Length \_\_\_\_\_ ft. I.D. 2 1/4 in.  
Weight \_\_\_\_\_ Water Loss \_\_\_\_\_ cc. Weight Pipe Length \_\_\_\_\_ ft. I.D. 2 7/8 in.  
Chlorides \_\_\_\_\_ P.P.M. Drill Pipe Length \_\_\_\_\_ ft. I.D. 3 1/2 in.  
Jars: Make STERLING Serial Number \_\_\_\_\_ Test Tool Length \_\_\_\_\_ ft. Tool Size 3 1/2-IF in.  
Did Well Flow? \_\_\_\_\_ Reversed Out \_\_\_\_\_ Anchor Length \_\_\_\_\_ ft. Size 4 1/2-FH in.  
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

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

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

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

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# DIAMOND TESTING

## Pressure Survey Report

### General Information

Company Name	NEW GULF OPER.	Job Number	M462
Well Name	ST.JOSEPH #1-10	Representative	MIKE COCHRAN
Unique Well ID	DST#3 4522-4598 JOHNSON	Well Operator	NEW GULF OPER.
Surface Location	SEC.10-12S-32W LOGAN CO.KS.	Report Date	2013/01/24
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	CURTIS COVEY
		Test Unit	NO. 1

### Test Information

Test Type	CONVENTIONAL		
Formation	DST#3 4522-4598 JOHNSON		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2013/01/23	Start Test Time	21:20:00
Final Test Date	2013/01/24	Final Test Time	08:20:00
		Well Fluid Type	01 Oil
Gauge Name	0063		
Gauge Serial Number			

### Test Results

Remarks RECOVERED:

63' FAINT ODOR IN PIPE  
504' GO 2% GAS, 98% OIL  
906' GMO 2% GAS, 96% OIL, 2% MUD  
543' GMO 2% GAS, 80% OIL, 18% MUD  
126' GOCM 10% GAS, 19% OIL, 71% MUD  
2079' TOTAL FLUID

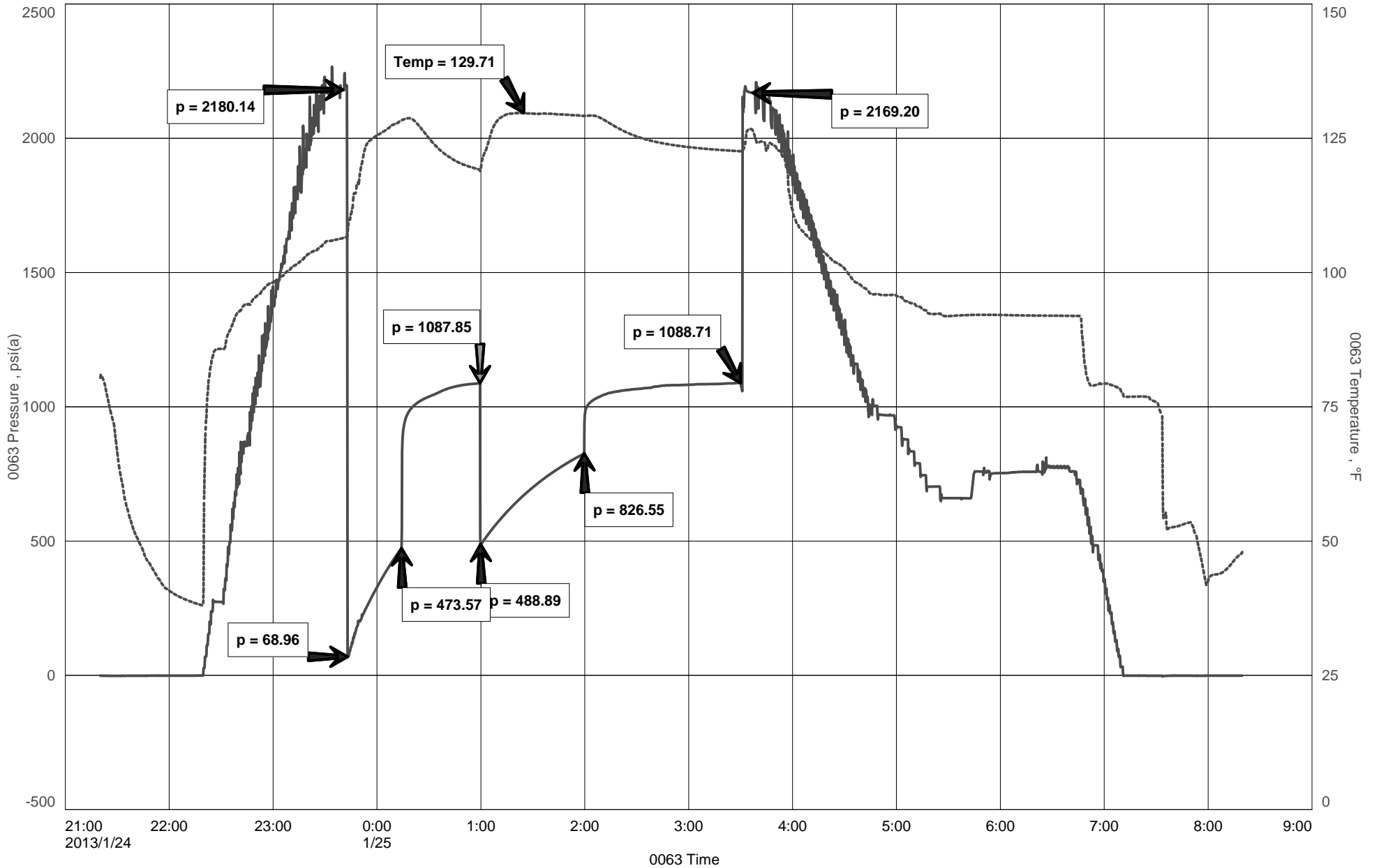
GRAVITY: 25.3 @ 60

TOOL SAMPLE: 100% GASSY OIL

NEW GULF OPER.  
DST#3 4522-4598 JOHNSON  
Start Test Date: 2013/01/23  
Final Test Date: 2013/01/24

ST.JOSEPH #1-10  
Formation: DST#3 4522-4598 JOHNSON  
Pool: WILDCAT  
Job Number: M462

# ST.JOSEPH #1-10





**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

TICKET NUMBER 39277  
LOCATION Oakley KS  
FOREMAN Fuzz4

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
1-15-13	5161	St. Joseph 1-10	10	12 S	32 W	Logan
CUSTOMER			NEW			
New Gulf Operating			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE surface HOLE SIZE 12 1/4 HOLE DEPTH 267' CASING SIZE & WEIGHT 8 5/8  
CASING DEPTH 267' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT 14.7 SLURRY VOL 1.36 WATER gal/sk 6.5 CEMENT LEFT in CASING 20'  
DISPLACEMENT 15.7 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting on Unit #4. Rig up and circulate mix 200sgs  
Class 'A' 390cc 29ccel. Displace 15 3/4 BBL and shut in.  
Cement did circulate approx 6 BBL to pit.

Thanks Fuzz4 & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405	1	PUMP CHARGE	1085 <sup>00</sup>	1085 <sup>20</sup>
5406	10	MILEAGE	5 <sup>00</sup>	50 <sup>00</sup>
5407	9.4 ton	Tow Mileage Delivery	410 <sup>00</sup>	410 <sup>00</sup>
11045	200sgs	Class 'A' cement	17.65	3530 <sup>00</sup>
1102	564*	Calcium chloride	1.89	501.96
1118B	376*	Bentonite	1.25	94.00
				5670.96
				567.10
				5103.86
1111	100*	salt	N/C	N/C
			SALES TAX	289.64
			ESTIMATED	
			TOTAL	5393.50

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.

1559 25



**CONSOLIDATED**  
Oil Well Services, LLC

256284

WELL NUMBER 39223  
LOCATION Oakley KS  
FOREMAN Miles Shaw  
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
1-27-13	5661	St. Josephs 1-10	10	12S	32W	Logan
CUSTOMER New Golf Operations			Oakley S. Wagon 1/2 W N.W.			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			405	Damon M		
STATE			506	Travis W		
ZIP CODE			530	Mike		
				Phil K	Ridealorn	

JOB TYPE 2-stage HOLE SIZE 7718 HOLE DEPTH 4850' CASING SIZE & WEIGHT 5" 15.5 #  
CASING DEPTH 4847' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER DU Tool 2580'  
SLURRY WEIGHT 13.8-12.5 SLURRY VOL 1.42-1.89 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 42 1/2  
DISPLACEMENT 117.9 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting on UAI #4 float equip cont #1, 3, 6, 10, 14, 18, 22, 24, 53, 55  
Basket #53 DU Tool Top #54 Rig and circulate lhr. Pump 5 Bbl water, 500 gal  
mud flush 5 Bbl water. Mix 175 sks OWC w/ 54 lb seal Wash pump + lines. Drop  
plug and displace 53 Bbl water + 61 Bbl mud high press 900' land @ 1500'  
Drop DU Bomb wait 15 min open tool @ 900' Circ 4 has mix 30 sks RH 60% mix  
20 sks MH Pump 400 sks 60% 825 of 14" Plu seal shutdown Release plug cleared  
pump + lines displaced w/ 1/2 bbls water with 900 psi. 1 ft plug land with 1500 psi  
released pressure Plug held

Thanks Miles, Fuzzy, Walt & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3020 <sup>00</sup>	3020 <sup>00</sup>
5406	10	MILEAGE	5 <sup>00</sup>	50 <sup>00</sup>
5407A	28.45 tons	Ton Mileage Delivery	16.7 <sup>00</sup>	475.20
1126	175 sks	OWC	22 <sup>53</sup>	3946 <sup>25</sup>
1110A	875 #	Kol-seal	.56	490 <sup>00</sup>
1131	480 SKS	6040 pos	1.51 <sup>00</sup>	6795 <sup>00</sup>
1118B	3096 #	Bentonite	.25 <sup>00</sup>	774 <sup>00</sup>
1107	112 #	Flo-seal	2.82 <sup>00</sup>	315.84
1144G	500 gal	Mud Flush	1 <sup>00</sup>	500 <sup>00</sup>
4159	1	5" 1/2 - ATU Floatshoe (w)	413 <sup>00</sup>	413 <sup>00</sup>
4130	10	5" 1/2 - Centralizers (w)	58 <sup>00</sup>	580 <sup>00</sup>
4104	1	5" 1/2 - Basket (w)	276 <sup>00</sup>	276 <sup>00</sup>
4283	1	5" 1/2 - DU Tool v	4800 <sup>00</sup>	4800 <sup>00</sup>
4454	1	5" 1/2 - holddown Assy	567 <sup>00</sup>	567 <sup>00</sup>
		Subtotal		23,002.29
		Less 10% discount		2,300.23
		Subtotal		20,702.06
		SALES TAX		1365.89
		ESTIMATED TOTAL		22,067.95

**completed**

Ravin 3737

AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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