



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1138639
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: _____



1138639

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> <i>(Submit ACO-4)</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	Moore 1-27
Doc ID	1138639

Tops

Name	Top	Datum
Anhydrite	2425	701
Base Anhydrite	2445	684
Heebner	4001	-875
Lansing	4046	-920
Muncie Creek	4233	-1107
Stark	4336	-1210
Marmaton	4484	-1358
Pawnee	4574	-1448
Cherokee	4641	-1515
Johnson	4688	-1562
Morrow Shale	4777	-1651
Mississippian	4840	-1714

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

May 09, 2013

Danny Birdwell
New Gulf Operating LLC
10441 S. Regal Blvd..
TULSA, OK 74133

Re: ACO1
API 15-171-20937-00-00
Moore 1-27
NW/4 Sec.27-17S-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,
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

Company Name	New Gulf Operating	Well Name	Moore #1-27
Well Operator	New Gulf Operating	Unique Well ID	DST #1 Lansing "I" 4264'-4306'
Contact	Jim Henkle	Surface Location	Sec 27-17s-34w-Scott Co.-KS
Site Contact	John Goldsmith	Test Unit	#5
Field		Pool	
Well Type	Vertical	Job Number	F116
Prepared By	Jake Fahrenbruch	Qualified By	John Goldsmith

Test Information

Test Type	Conventional Bottom-Hole	Test Purpose	Initial Test
Formation	Lansing "I" 4264'-4306'	Gauge Name	0062
Start Test Date	2013/04/03	Start Test Time	21:19:00
Final Test Date	2013/04/04	Final Test Time	05:30:00

Test Results

Blow: 30 min: Surface blow, increased to 5.5".
 45 min: No blowback.
 45 min: Surface blow, increased to 5.75".
 60 min: No blowback.

Recovered: 140' SOSWCM <1% oil, 22% wtr, 77% mud
 ----- Bottom-Hole Temperature: 112 Deg F
 ----- Chlorides: 22,000 ppm
 ----- RW: 1.15 ohm @ 25 Deg F
 ----- PH: 7.0

Pressures: IHP: 2015
 IFP: 11-49
 ISIP: 999
 FFP: 47-78
 FSIP: 957
 FHP: 2014



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

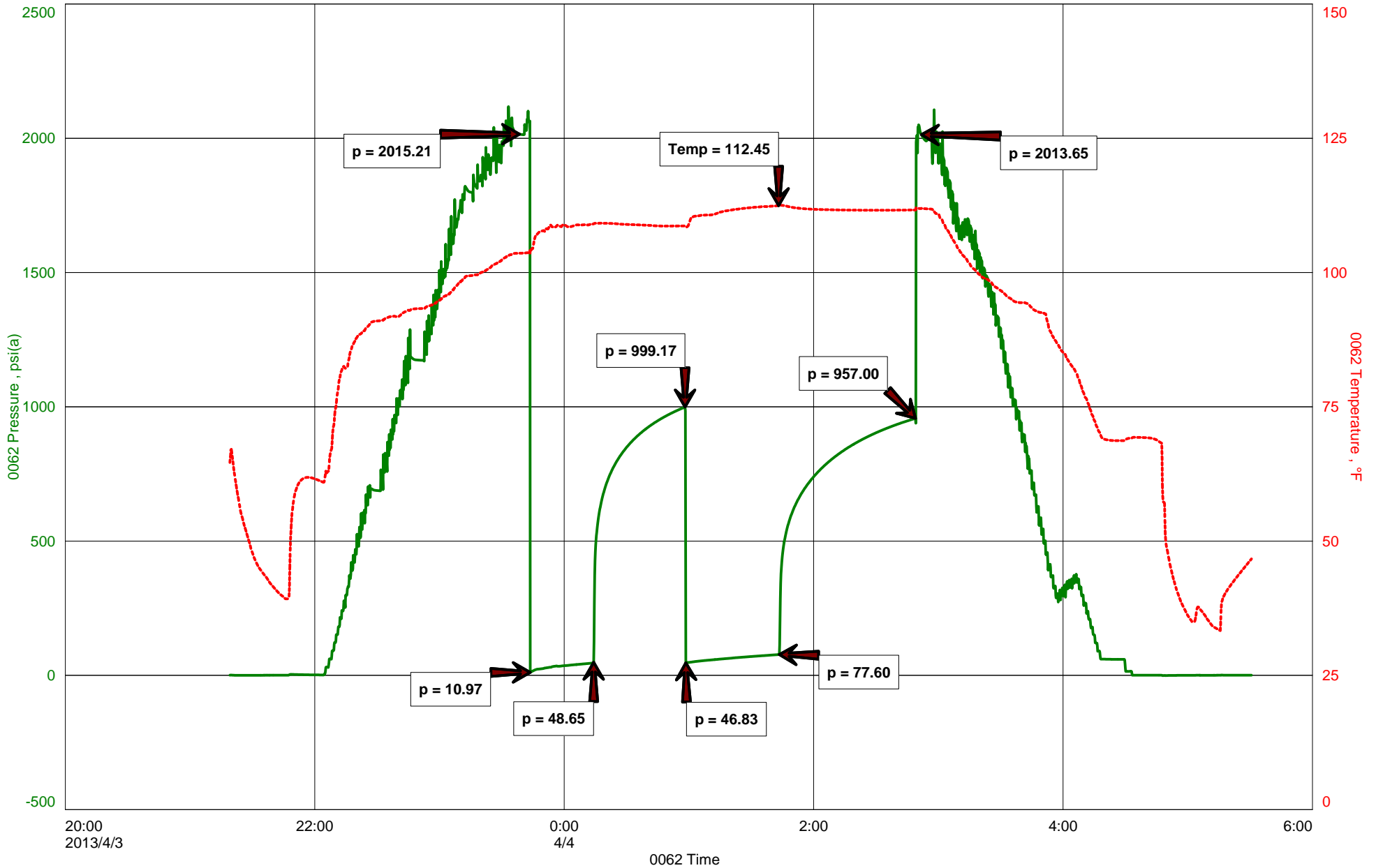
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... 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 Operating
DST #1 Lansing "I" 4264'-4306'
Start Test Date: 2013/04/03
Final Test Date: 2013/04/04

Moore #1-27
Formation: Lansing "I" 4264'-4306'
Job Number: F116

Moore #1-27





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	Well Name	Moore #1-27
Well Operator	New Gulf Operating	Unique Well ID	DST #2 Pleasanton-Marmaton 4418'-4502'
Contact	Jim Henkle	Surface Location	Sec 27-17s-34w-Scott Co.-KS
Site Contact	John Goldsmith	Test Unit	#5
Field		Pool	
Well Type	Vertical	Job Number	F117
Prepared By	Jake Fahrenbruch	Qualified By	John Goldsmith

Test Information

Test Type	Conventional Bottom-Hole	Test Purpose	Initial Test
Formation	Pleasanton-Marmaton 4418'-4502'	Gauge Name	0062
Start Test Date	2013/04/05	Start Test Time	00:14:00
Final Test Date	2013/04/05	Final Test Time	09:34:00

Test Results

Blow: 30 min: Strong blow, increased to B.O.B. in 3 minutes 20 seconds.
 45 min: Weak surface blowback, died off.
 30 min: Strong blow, increased to B.O.B. in 3 minutes 45 seconds.
 60 min: No blowback.

Recovered: 240' Muddy Water 60% wtr, 40% mud
 1150' Gassy SOSW <1% oil, >99% wtr
 ----- No GIP
 ----- Chlorides: 22,000 ppm
 ----- RW: .35 ohm @ 37 Deg F
 ----- PH: 8.0
 ----- Total Recovered Fluid: 1390'
 ----- Tool Sample: OSW, <1% oil, >99% wtr
 ----- H2S present in recovered fluid. Meter read 80 ppm when held near bottom of sack while dumping fluid.
 ----- Bottom-Hole Temperature: 124 Deg F

Pressures: IHP: 2083
 IFP: 39-402
 ISIP: 1060
 FFP: 405-621
 FSIP: 999
 FHP: 2079



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

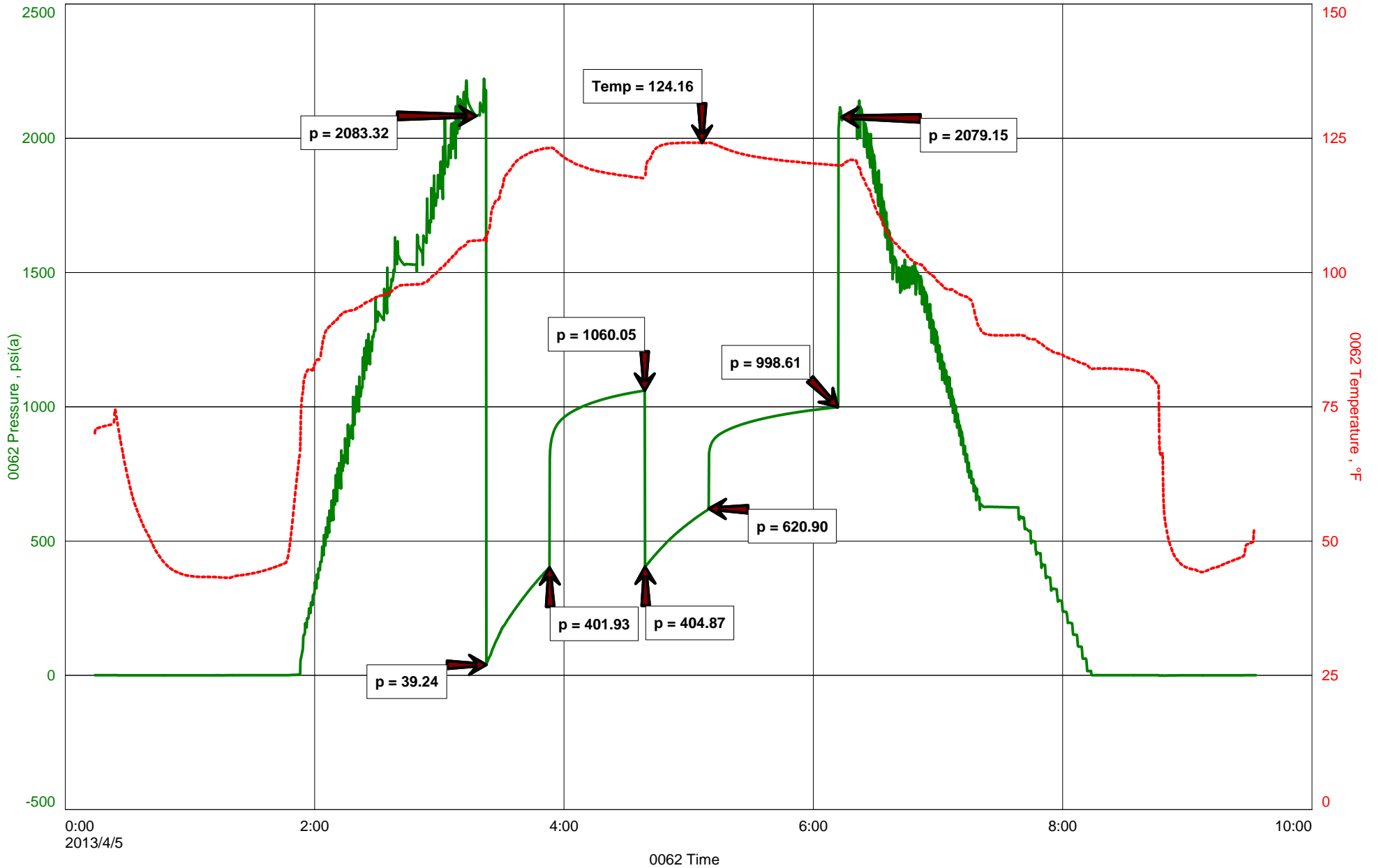
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... 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 Operating
DST #2 Pleasanton-Marmaton 4418'-4502'
Start Test Date: 2013/04/05
Final Test Date: 2013/04/05

Moore #1-27
Formation: Pleasanton-Marmaton 4418'-4502'
Job Number: F117

Moore #1-27





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	Well Name	Moore #1-27
Well Operator	New Gulf Operating	Unique Well ID	DST #3 Altamont-Pawnee 4500'-4583'
Contact	Jim Henkle	Surface Location	Sec 27-17s-34w-Scott Co.-KS
Site Contact	John Goldsmith	Test Unit	#5
Field		Pool	
Well Type	Vertical	Job Number	F118
Prepared By	Jake Fahrenbruch	Qualified By	John Goldsmith

Test Information

Test Type	Conventional Bottom-Hole	Test Purpose	Initial Test
Formation	Altamont-Pawnee 4500'-4583'	Gauge Name	0062
Start Test Date	2013/04/06	Start Test Time	00:15:00
Final Test Date	2013/04/06	Final Test Time	05:09:00

Test Results

MIS-RUN
PACKER FAILURE

Dropped bar on 1575' of 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 _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

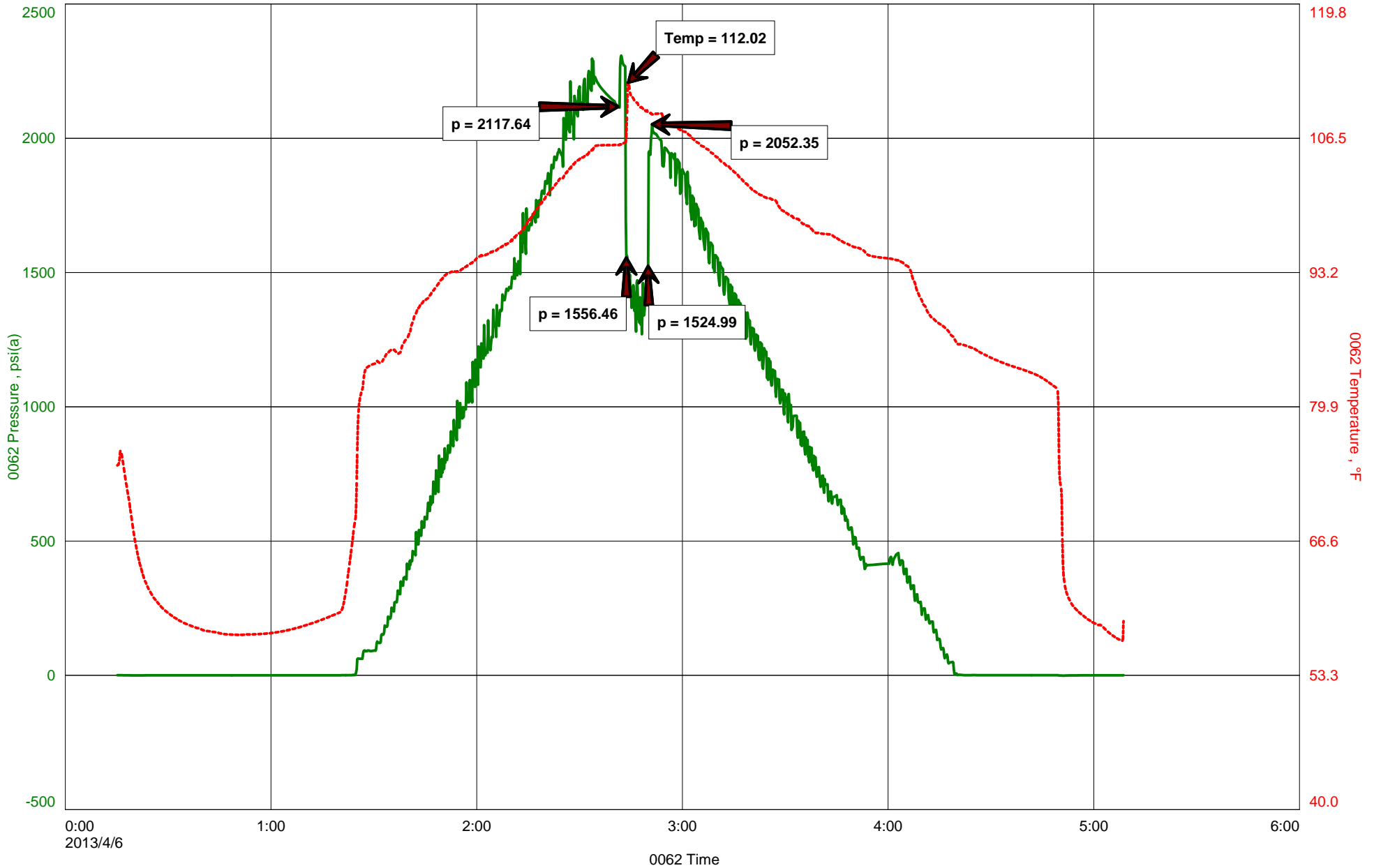
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... 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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New Gulf Operating
DST #3 Altamont-Pawnee 4500'-4583'
Start Test Date: 2013/04/06
Final Test Date: 2013/04/06

Moore #1-27
Formation: Altamont-Pawnee 4500'-4583'
Job Number: F118

Moore #1-27





CONSOLIDATED
Oil Well Services, LLC

258249

TICKET NUMBER 39919
LOCATION OKley 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
4-23-13	5661	Moore #1-27	27	17S	34W	Stark
CUSTOMER New Gold Operating			modec			
MAILING ADDRESS			4 N			
CITY			1/2 E			
STATE			S. N			
ZIP CODE						
TRUCK #	DRIVER	TRUCK #	DRIVER			
463	Jack J Con D					
528	Jordan L					
	Jack J					

JOB TYPE P-collar HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2
CASING DEPTH _____ DRILL PIPE 2 7/8 TUBING _____ OTHER P-collar @ 2439'
SLURRY WEIGHT 11.0 SLURRY VOL 3.0 WATER gal/sk 22 CEMENT LEFT in CASING _____
DISPLACEMENT 14.1 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Cheyenne well service. Rig up and circulate oil out of hole. Spot 2 sks sand @ 2484' with 13 1/2 BBL water wait 30 min establish circulation. Mix 220 SKS CMD w/ .25* Flo-seal and 550* cottonseed hulls Displace 13 1/2 BBL Test closed tool @ 1200#. Run 4 JTS reverse 86g clean with 20 BBLs. Wash sand off plug with 90 BBL KCL water cement did circulate.

Thanks Fuzz4 & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401B	1	PUMP CHARGE	1785 ⁰⁰	1785 ⁰⁰
5406	45	MILEAGE	525	236 ²⁵
5407A	10.3 ton	Top mileage Delivery	175	811 ³⁵
1104S	220 SKS	Class 'A' cement	18 ³⁵	4081 ⁰⁰
1101	414#	Cal-Seal	.52	215 ²⁸
1111A	414#	Sodium Metasilicate	2 ³²	1043 ²⁸
1102	414#	Calcium Chloride	.94	389 ¹⁶
1118B	414#	Gel	.27	111 ²⁸
1107	55#	Flo-seal	2 ⁹²	163 ³⁵
1105	550#	cottonseed hulls	.58	319 ⁰⁰
2101A	160#	Sand	.27	43 ²⁰
				9198 ⁶⁵
				919 ⁸⁷
				8278 ⁷⁵
			SALES TAX	471 ⁹⁶
			ESTIMATED TOTAL	8750 ⁷¹

completed

Ravin 3737

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.



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

FIELD TICKET & TREATMENT REPORT
CEMENT

COPY

257944

TICKET NUMBER 39368
LOCATION Oakley KS
FOREMAN Miles S.

Fuzz Y 125

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4.9.13	5661	Moore #4	27	17S	34W	Scott
CUSTOMER New Gold Operating			SOUTH W. 190			
MAILING ADDRESS			8W			
CITY			1/2 W			
STATE			6.11			
ZIP CODE						
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		405	Damon M			
		530	Tardant			

JOB TYPE Production HOLE SIZE 7718 HOLE DEPTH 4935 CASING SIZE & WEIGHT 5" 2 15.5
CASING DEPTH 4932' DRILL PIPE _____ TUBING #56 Port Collar OTHER 2452'
SLURRY WEIGHT 13.8-14.2 SLURRY VOL. 1.42 WATER gal/sk _____ CEMENT LEFT IN CASING 425
DISPLACEMENT 116.3 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Val #4 float equip. Conn 1, 2, 3, 4, 7, 10, 13, 16
55, 57 Basket Top 55 Port Collar Top #56. Rig up and circulate. Pump
5 BBL water 500 gal mud flush, 5 BBL water. Mix 20 SKS MH 30 SKS BH
mix 175 SKS OWC w/ 5# Kolsal. Wash pump and lines. Diapplus
and displace 115 1/2 BBL. High press 1000* land e 1600*
float held.

Thanks Fuzz Y & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54012	1	PUMP CHARGE	3020 ⁰⁰	3020 ⁰⁰
5406	45	MILEAGE	5 ⁰⁰	225 ⁰⁰
5407A	10.6 ton	Tow mileage Delivery	167	796 ⁵⁰
1126	225 SKS	OWC	27 ⁵¹	5073 ²⁵
1110A	1125 #	Kolsal	.56	630 ⁰⁰
1144G	500 gal	Mud Flush	1 ⁰⁰	500 ⁰⁰
4157	1	5 1/2 - ATU Float shoe	385 ⁰⁰	385 ⁰⁰
4104	1	5 1/2 - Basket (W)	276 ⁰⁰	276 ⁰⁰
4285	1	5 1/2 - Port Collar (IR)	2075 ⁰⁰	2075 ⁰⁰
4130	10	5 1/2 - Centralizers	58 ⁰⁰	580 ⁰⁰
4454	1	5 1/2 - Latchdown Assy (IR)	303 ⁰⁰	303 ⁰⁰
		Subtotal		13864 ²⁵
		1255 10 ⁰⁰		1386 ⁴³
				12477 ⁸³
			SALES TAX	733 ⁷⁷
			ESTIMATED	
			TOTAL	13211 ⁵⁹

Completed

Revin 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.



257767

TICKET NUMBER 39382
 LOCATION Oakley, KS
 FOREMAN Kelly Gabel Miles Shaw

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	
3-29-13	5661	Moore #1-27	27	17	34	Scott	
CUSTOMER New Gulf oper.		5 Scott City N to Rd 190 West to Cherokee Rd 3/4 N E & S into		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS				399	Damon	405	Jerry P
CITY		STATE		528	Mike		
		ZIP CODE					

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 268 CASING SIZE & WEIGHT 8 5/8 24 #
 CASING DEPTH 268 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 140 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 15 1/2 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting, rigged up on val #4, hooked up to circulate, mixed 200 SKS com 370cc 270gel + displaced with 15 1/2 bbl water, shut in, washed out pump & lines, rigged down

Cement did circulate

APPROX 6 bbl to pit

Thank You Kelly Miles Shaw

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1085.00	1085.00
5406	415 mi	MILEAGE	5.00	225.00
11045	200 SKS	class A Cement	17.65	3530.00
1102	564 #	Calcium Chloride	.89	501.96
1118B	376 #	Bentonite	.25	94.00
5407A	9.4	Ton Mileage delivery	167	706.50
				6142.46
				614.25
				5528.21
			SALES TAX	308.20
			ESTIMATED TOTAL	5836.41

COPY

Completed

Ravin 3737

3:00 PM AUTHORIZATION _____

TITLE [Signature]

DATE 3-29-13

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