



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1138676  
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: \_\_\_\_\_



1138676

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](mailto: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:  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> <input type="checkbox"/> Other <i>(Specify)</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	Marge 1-31
Doc ID	1138676

Tops

Name	Top	Datum
Anhydrite	2398	653
Base Anhydrite	2416	635
Heebner	3842	-791
Lansing	3884	-833
Muncie Creek	4051	-1000
Stark	4149	-1098
Marmaton	4274	-1223
Pawnee	4358	-1307
Cherokee	4446	-1395
Johnson	4489	-1438
Morrow Shale	4558	-1507
Mississippian	4486	-1570

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 15-109-21172-00-00  
Marge 1-31  
NE/4 Sec.31-14S-34W  
Logan County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
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 Co.	<b>Well Name</b>	Marge #1-31
<b>Well Operator</b>	New Gulf Operating Co.	<b>Unique Well ID</b>	DST #1 Lansing "A" 3886'-3933'
<b>Contact</b>	Jim Henkle	<b>Surface Location</b>	Sec 31-14s-34w-Logan Co.-KS
<b>Site Contact</b>	John Goldsmith	<b>Test Unit</b>	#5
<b>Field</b>	Lone Butte Southwest	<b>Pool</b>	Lone Butte Southwest
<b>Well Type</b>	Vertical	<b>Job Number</b>	F124
<b>Prepared By</b>	Jake Fahrenbruch	<b>Qualified By</b>	John Goldsmith

## Test Information

<b>Test Type</b>	Conventional Bottom-Hole	<b>Test Purpose</b>	Initial Test
<b>Formation</b>	Lansing "A" 3886'-3933'	<b>Gauge Name</b>	0062
<b>Start Test Date</b>	2013/05/02	<b>Start Test Time</b>	15:20:00
<b>Final Test Date</b>	2013/05/02	<b>Final Test Time</b>	21:55:00

## Test Results

30 min initial flow:	Strong blow, BOB 1.5 minutes.
30 min initial shut-in:	No blowback.
30 min final flow:	Strong blow, BOB 6 minutes.
30 min final shut-in:	No blowback.

Recovered:      200'      MCW                      80% wtr, 20% mud  
                      2035'      Salt Water                100% wtr  
                      -----  
                      No GIP  
                      -----  
                      Total Recovered Fluid: 2,235'  
                      -----  
                      Tool Sample: Salt Water  
                      -----  
                      Chlorides: 23,000 ppm  
                      -----  
                      RW: .44 ohm @ 48 deg f  
                      -----  
                      PH: 7.0  
                      -----  
                      Bottom-Hole Temperature: 115 Deg F

Pressures:      IHP:      1827  
                      IFP:      134-709  
                      ISIP:      1168  
                      FFP:      723-1006  
                      FSIP:      1169  
                      FHP:      1822





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

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

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

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

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

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

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

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

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

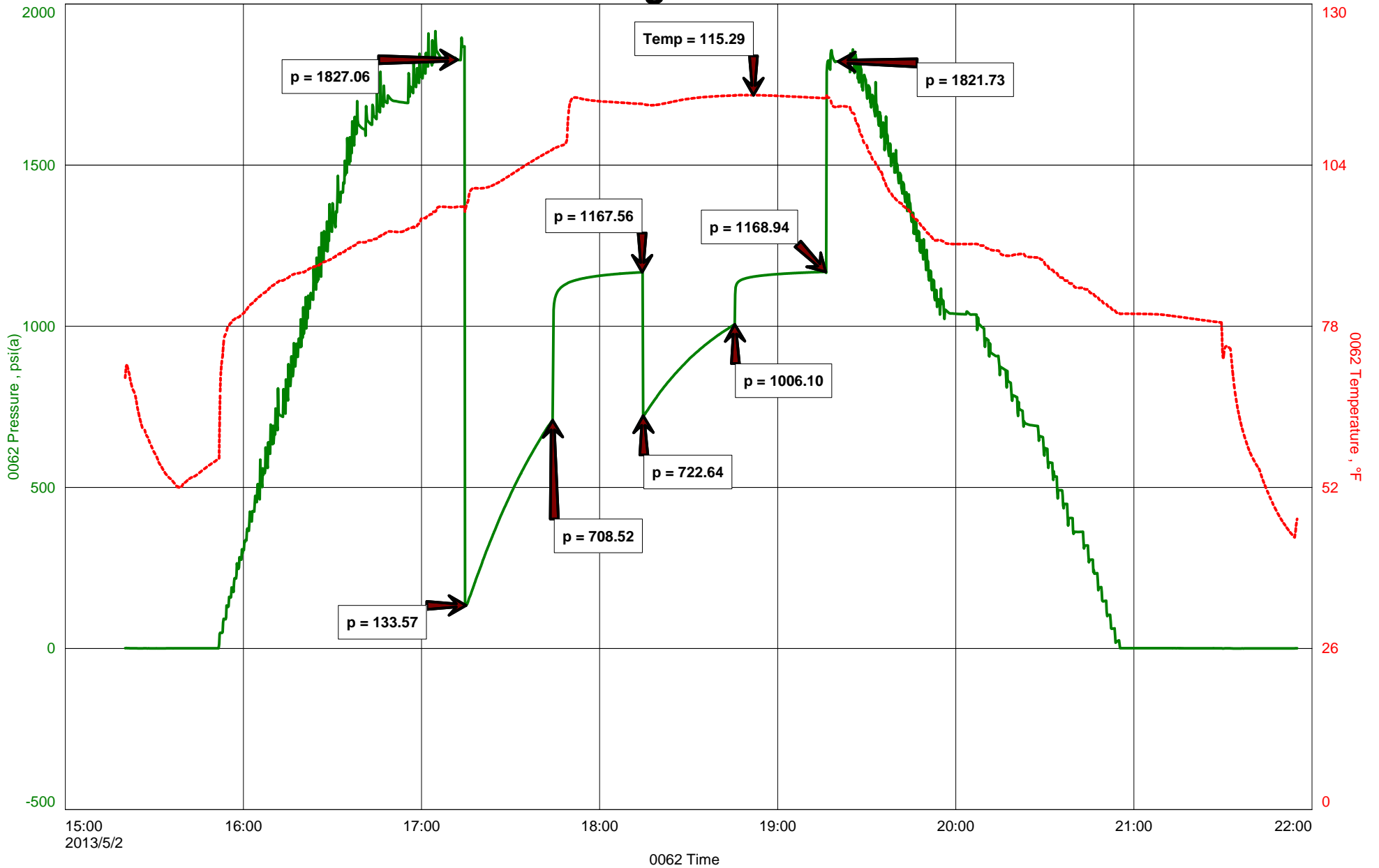
Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.



New Gulf Operating Co.  
DST #1 Lansing "A" 3886'-3933'  
Start Test Date: 2013/05/02  
Final Test Date: 2013/05/02

Marge #1-31  
Formation: Lansing "A" 3886'-3933'  
Pool: Lone Butte Southwest  
Job Number: F124

# Marge #1-31





# Diamond Testing General Report

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

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

## General Information

<b>Company Name</b>	New Gulf Operating Co.	<b>Well Name</b>	Marge #1-31
<b>Well Operator</b>	New Gulf Operating Co.	<b>Unique Well ID</b>	DST #2 Swope / K 4152'-4190'
<b>Contact</b>	Jim Henkle	<b>Surface Location</b>	Sec 31-14s-34w-Logan Co.-KS
<b>Site Contact</b>	John Goldsmith	<b>Test Unit</b>	#5
<b>Field</b>	Lone Butte Southwest	<b>Pool</b>	Lone Butte Southwest
<b>Well Type</b>	Vertical	<b>Job Number</b>	F125
<b>Prepared By</b>	Jake Fahrenbruch	<b>Qualified By</b>	John Goldsmith

## Test Information

<b>Test Type</b>	Conventional Bottom Hole	<b>Test Purpose</b>	Initial Test
<b>Formation</b>	Swope / K 4152'-4190'	<b>Gauge Name</b>	0062
<b>Start Test Date</b>	2013/05/03	<b>Start Test Time</b>	23:35:00
<b>Final Test Date</b>	2013/05/04	<b>Final Test Time</b>	06:11:00

## Test Results

30 min initial flow:	Strong blow, BOB 3 minutes 15 seconds.
30 min initial shut-in:	No blowback.
30 min final flow:	Strong blow, BOB 3 minutes 15 seconds.
30 min final shut-in:	No blowback.

Recovered: 200' MCW w/oil scum tr% oil, 88%wtr, 12% mud  
 1495' Salt Water 100% wtr  
 ----- No G.I.P.  
 ----- Total Recovered Fluid: 1695'  
 ----- Tool Sample: Salt Water  
 ----- Chlorides: 22,000 ppm  
 ----- RW: .22 ohm @ 48 deg F  
 ----- PH: 7.0  
 ----- Bottom Hole Temperature: 121 deg F

Pressures: IHP: 2025  
 IFP: 68-470  
 ISIP: 1269  
 FFP: 481-767  
 FSIP: 1266  
 FHP: 2024





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

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

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

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

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

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

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

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

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

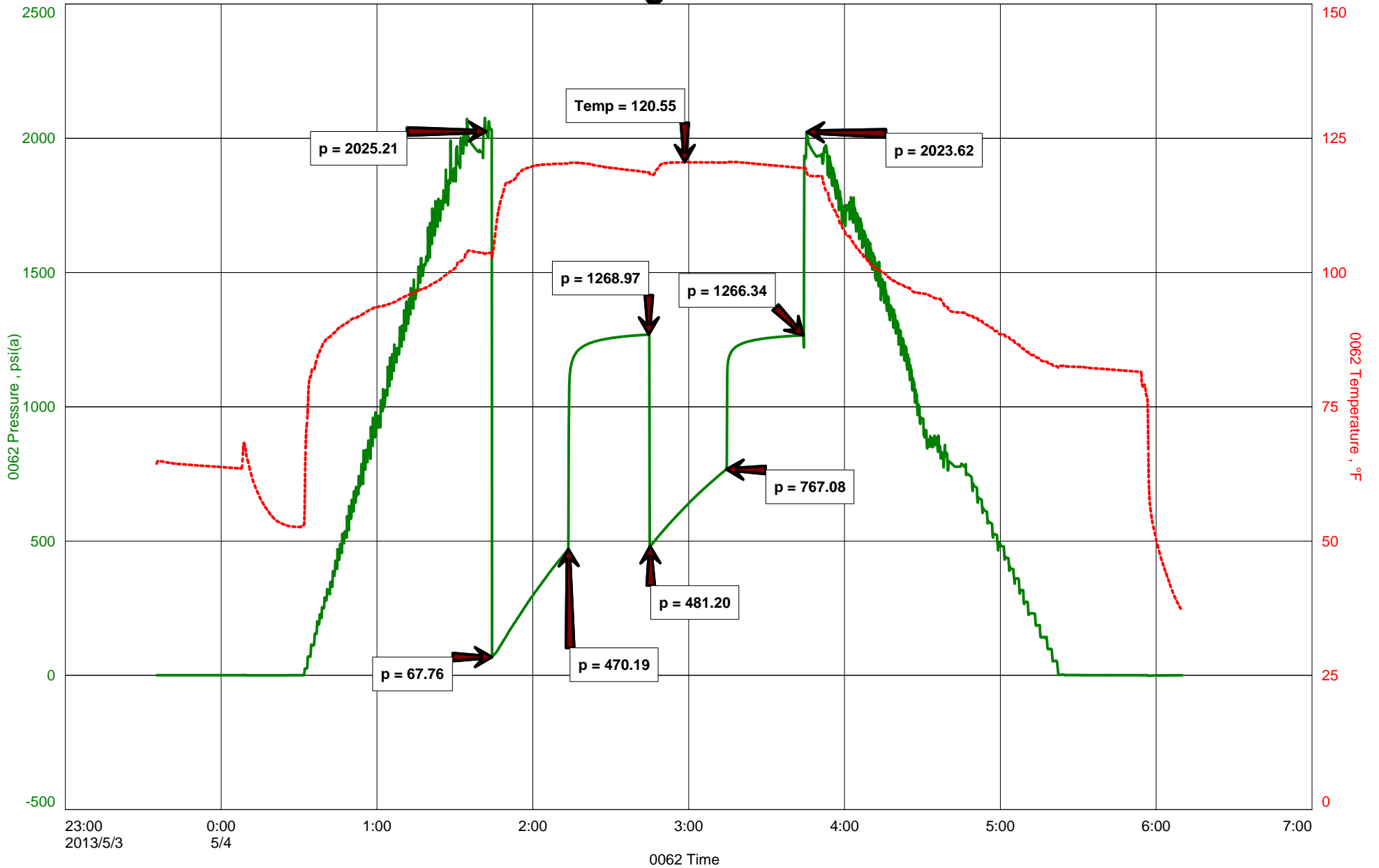
Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.



New Gulf Operating Co.  
DST #2 Swope / K 4152'-4190'  
Start Test Date: 2013/05/03  
Final Test Date: 2013/05/04

Marge #1-31  
Formation: Swope / K 4152'-4190'  
Pool: Lone Butte Southwest  
Job Number: F125

# Marge #1-31





# Diamond Testing General Report

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

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

## General Information

<b>Company Name</b>	New Gulf Operating Co.	<b>Well Name</b>	Marge #1-31
<b>Well Operator</b>	New Gulf Operating Co.	<b>Unique Well ID</b>	DST #3 Marmaton/Altamont 4243'-4360'
<b>Contact</b>	Jim Henkle	<b>Surface Location</b>	Sec 31-14s-34w-Logan Co.-KS
<b>Site Contact</b>	John Goldsmith	<b>Test Unit</b>	#5
<b>Field</b>	Lone Butte Southwest	<b>Pool</b>	Lone Butte Southwest
<b>Well Type</b>	Vertical	<b>Job Number</b>	F126
<b>Prepared By</b>	Jake Fahrenbruch	<b>Qualified By</b>	John Goldsmith

## Test Information

<b>Test Type</b>	Conventional Bottom-Hole	<b>Test Purpose</b>	Initial Test
<b>Formation</b>	Marmaton/Altamont 4243'-4360'	<b>Gauge Name</b>	0062
<b>Start Test Date</b>	2013/05/05	<b>Start Test Time</b>	01:55:00
<b>Final Test Date</b>	2013/05/05	<b>Final Test Time</b>	09:18:00

## Test Results

30 min initial flow:	Strong blow, BOB in 5.5 minutes.
45 min initial shut-in:	No blowback.
30 min final flow:	Strong blow, BOB in 8.75 minutes.
60 min final shut-in:	No blowback.

Recovered: 180' SOSMCW <1% oil, 68% wtr, 32% mud  
575' Salt Water 100% wtr  
----- No GIP  
----- Total Recovered Fluid: 755'  
----- Tool Sample: SOSW, <1% oil, >99% wtr  
----- Chlorides: 32,000 ppm  
----- RW: .42 ohm @ 42 Deg F  
----- PH: 7.0  
----- Bottom Hole Temperature: 119 Deg F

Pressures: IHP: 2123  
IFP: 53-242  
ISIP: 1262  
FFP: 254-386  
FSIP: 1264  
FHP: 2113





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

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

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

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

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

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

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

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

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

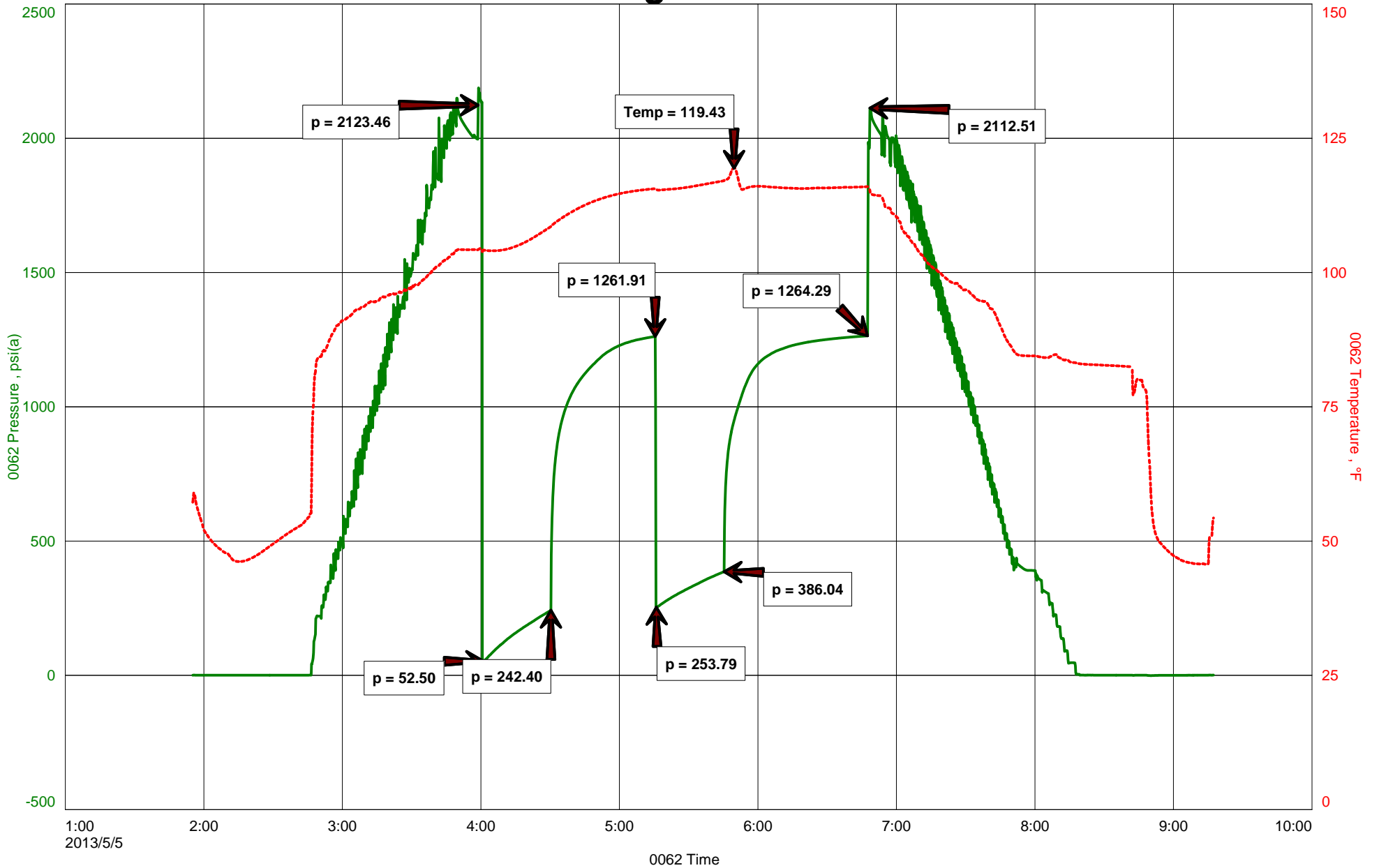
Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.



New Gulf Operating Co.  
DST #3 Marmaton/Altamont 4243'-4360'  
Start Test Date: 2013/05/05  
Final Test Date: 2013/05/05

Marge #1-31  
Formation: Marmaton/Altamont 4243'-4360'  
Pool: Lone Butte Southwest  
Job Number: F126

# Marge #1-31









**CONSOLIDATED**  
Oil Well Services, LLC

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

258218

TICKET NUMBER 39914  
LOCATION Oakley, KS  
FOREMAN Kelly Gabel  
Walt Dinkel

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
5-7-13	5661	Marge #1-31	31	145	34W	Logan	
CUSTOMER		Mailing Address		TRUCK #	DRIVER	TRUCK #	DRIVER
NEW Gulf operating		Indian		399	Damon		
		West to		3997	Stan		
		Rd 290					
		S + W					
		into					
CITY	STATE	ZIP CODE					

JOB TYPE Prod HOLE SIZE 7 7/8 HOLE DEPTH 4740 CASING SIZE & WEIGHT 5 1/2 15.5#  
 CASING DEPTH 4789 DRILL PIPE \_\_\_\_\_ TUBING PC TOP #56 OTHER PC @  
 SLURRY WEIGHT 142 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 111 3/4 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: safety meeting, can float equip. on JT #5 cent. 1, 3, 6, 9  
12, 15, 18, 21, 55, 57 basket bottom #56, can pipe to bottom  
circulated for 1hr, pumped 5 bbl water, mud flush, 5 bbl water  
mix 20SKS BHOSKS MHT, mixed 175SKS OWC 5# Kalseal down center  
released Plug, displaced with 110 bbl KCL water with a lift  
of 800# + Plug landed @ 1500#, released Pressure float held,  
washed out pumps & lines, rigged down.

*Thank You*  
*Walt, Kelly & Steve*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54010	1	PUMP CHARGE	3175 <sup>00</sup>	3175 <sup>00</sup>
5406	40 mi	MILEAGE	5 <sup>35</sup>	210 <sup>00</sup>
1126	225 SKS	OWC	23 <sup>70</sup>	5332 <sup>50</sup>
110A	1125 #	Kal-seal	.56	630 <sup>00</sup>
5407A	11.7	Ton mileage delivery	1 <sup>75</sup>	819 <sup>20</sup>
11446	500 gal	mud flush	1 <sup>00</sup>	500 <sup>00</sup>
1215	8 gal	KCL	37 <sup>50</sup>	300 <sup>00</sup>
41159	1	AFU float shoe (I) 5 1/2	433 <sup>75</sup>	433 <sup>75</sup>
41104	1	5 1/2 basket (w)	290 <sup>00</sup>	290 <sup>00</sup>
41454	1	5 1/2 latch down Assy/w Plug (A)	318 <sup>35</sup>	318 <sup>35</sup>
4130	10	Centralizer 5 1/2 (w)	61 <sup>00</sup>	610 <sup>00</sup>
				12,618 <sup>70</sup>
			Lead 10970	1261 <sup>87</sup>
				11,356 <sup>83</sup>
			SALES TAX	5169 <sup>64</sup>
			ESTIMATED	
			TOTAL	11926 <sup>47</sup>
			finished	5-8-13

**completed**

6:00 AM 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.

