



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1146079  
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: \_\_\_\_\_



1146079

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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	New Gulf Operating LLC
Well Name	Rosie 1-22
Doc ID	1146079

Tops

Name	Top	Datum
Anhydrite	470	470
Base Anhydrite	446	446
Heebner	-990	-990
Lansing	-1038	-1038
Muncie Creek	-1182	-1182
Stark	-1263	-1263
Hushpuckney	-1302	-1302
Marmaton	-1358	-1358
Cherokee	-1540	-1540
Johnson	-1587	-1587
Morrow Shale		
Mississippian		

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

June 12, 2013

Wink Kopczynski  
New Gulf Operating LLC  
10441 S. Regal Blvd..  
TULSA, OK 74133

Re: ACO1  
API 15-109-21185-00-00  
Rosie 1-22  
NE/4 Sec.22-12S-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.

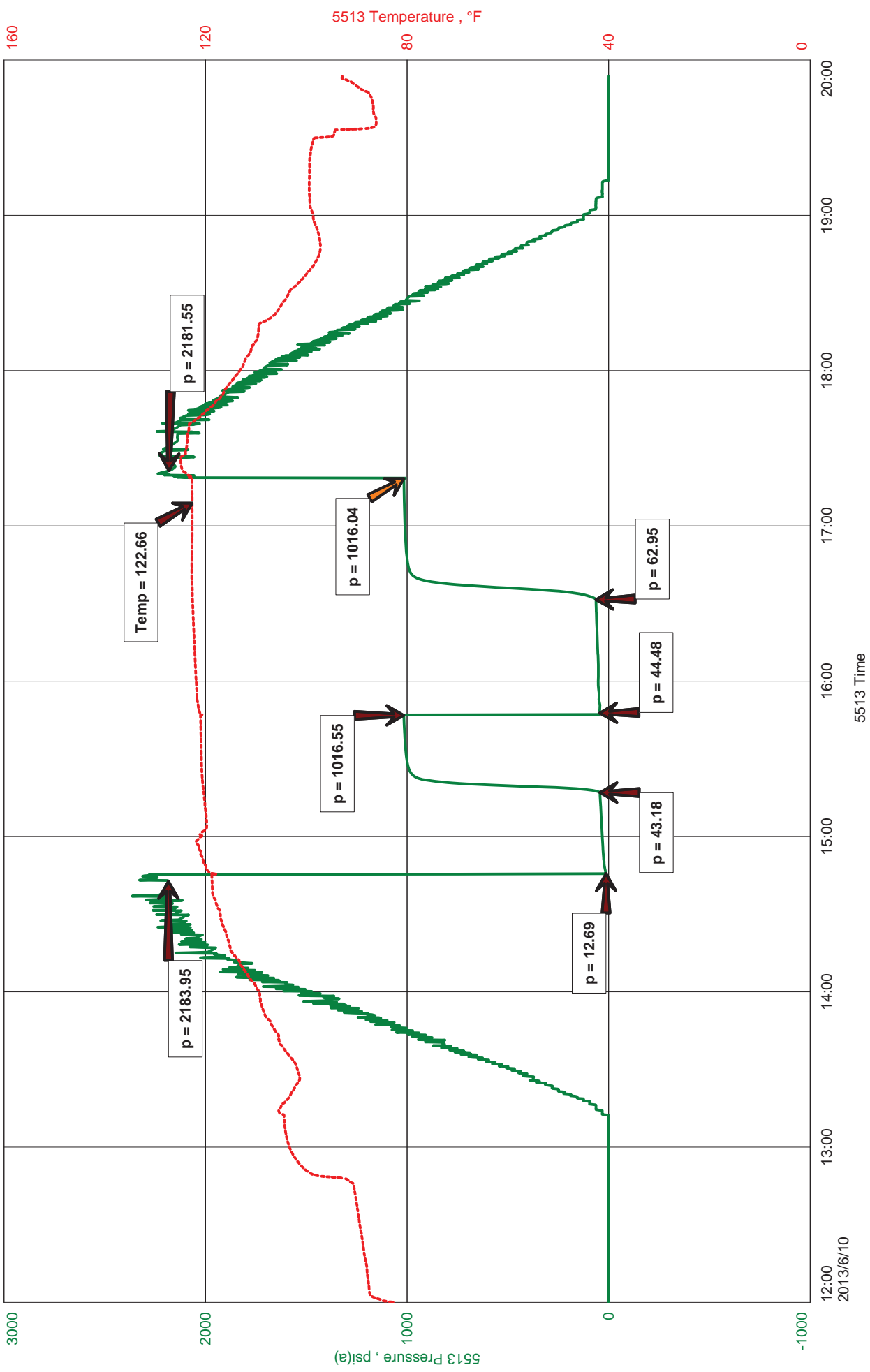
Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
Wink Kopczynski

NEW GULF OPERATING LLC  
DST #1 JOHNSON 4,482' - 4,570'  
Start Test Date: 2013/06/10  
Final Test Date: 2013/06/10

ROSIE #1-22  
Formation: DST #1 JOHNSON 4,482' - 4,570'  
Job Number: BO12

# ROSIE #1-22





ROGER D. FRIEDLY

CELL # 620-793-2043

**General Information**

Company Name	NEW GULF OPERATING LLC	Job Number	BO12
Contact	JOE BAKER	Representative	BOB HAMEL
Well Name	ROSIE #1-22	Well Operator	NEW GULF OPERATING LLC
Unique Well ID	DST #1 JOHNSON 4,482' - 4,570'	Prepared By	ROGER D. FRIEDLY
Surface Location	SEC 22-12S-32W LOGAN CO., KS	Qualified By	ZEB STEWART
Field		Test Unit	NO. 6
Well Type	Vertical		

**Test Information**

Test Type	CONVENTIONAL	Representative	BOB HAMEL
Formation	DST #1 JOHNSON 4,482' - 4,570'	Well Operator	NEW GULF OPERATING LLC
Well Fluid Type	01 Oil	Report Date	2013/06/10
Test Purpose (AEUB)	Initial Test	Prepared By	ROGER D. FRIEDLY

Start Test Date	2013/06/10	Start Test Time	12:00:00
Final Test Date	2013/06/10	Final Test Time	19:54:00

**Test Results**

RECOVERED:	20'	GAS IN PIPE
	5'	CLEAN OIL 25.6 GRAVITY @ 60 deg.
	45'	SLTOCM 1% OIL, 99% MUD
	62'	W&OCM 14% OIL, 6% WTR, 80% MUD
	112'	TOTAL FLUID

TOOL SAMPLE: 2% OIL, 13% WTR, 85% MUD

CHLORIDES:	6,000 pPM
ph:	9.0
rw:	.56 @ 78 deg



**DIAMOND TESTING**  
P.O. Box 157  
**HOISINGTON, KANSAS 67544**  
(800) 542-7313  
**DRILL-STEM TEST TICKET**  
FILE: ROSIE1-22DST1

TIME ON: 12:00  
TIME OFF: 19:54

Company NEW GULF OPERATING LLC Lease & Well No. ROSIE #1-22  
Contractor VAL RIG 4 Charge to NEW GULF OPERATING LLC  
Elevation 2,941 KB Formation JOHNSON Effective Pay \_\_\_\_\_ Ft. Ticket No. B009  
Date 6-10-2013 Sec. 22 Twp. \_\_\_\_\_ 12 S Range \_\_\_\_\_ 32 W County LOGAN State KANSAS  
Test Approved By ZEB STEWART Diamond Representative BOB HAMEL

Formation Test No. 1 Interval Tested from 4,482 ft. to 4,570 ft. Total Depth 4,570 ft.  
Packer Depth 4,477 ft. Size 6 3/4 in. Packer depth \_\_\_\_\_ ft. Size 6 3/4 in.  
Packer Depth 3,381 ft. Size 6 3/4 in. Packer depth \_\_\_\_\_ ft. Size 6 3/4 in.

Depth of Selective Zone Set \_\_\_\_\_  
Top Recorder Depth (Inside) 4,463 ft. Recorder Number 5513 Cap. 5,000 P.S.I.  
Bottom Recorder Depth (Outside) 4,567 ft. Recorder Number 13386 Cap. 4,950 P.S.I.  
Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.

Mud Type CHEMICAL Viscosity 56 Drill Collar Length 28 ft. I.D. 2 1/4 in.  
Weight 9.5 Water Loss 6.4 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.  
Chlorides 2,000 P.P.M. Drill Pipe Length 4,421 ft. I.D. 3 1/2 in.  
Jars: Make STERLING Serial Number N/A Test Tool Length 33 ft. Tool Size 3 1/2-IF in.  
Did Well Flow? NO Reversed Out NO Anchor Length 88 ft. Size 4 1/2-FH in.  
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. <sup>62' DP IN ANCHOR</sup> Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: WEAK 1/4" BLOW INCREASING TO 3 1/4" (NObb)  
2nd Open: WEAK SURFACE BLOW AFTE4 15 MIN INCREASING TO 1" (NObb)

Recovered <u>20</u> ft. of <u>GAS IN PIPE</u>		
Recovered <u>5</u> ft. of <u>CLEAN OIL 25.6 GRAVITY @ 60 deg.</u>		
Recovered <u>45</u> ft. of <u>SLTOCM 1% OIL, 99% MUD</u>		
Recovered <u>62</u> ft. of <u>W&amp;OCM 14% OIL, 6% WTR, 80% MUD</u>		
Recovered <u>112</u> ft. of <u>TOTAL FLUID</u>	<u>CHLORIDES 6,000 Ppm</u>	Price Job
Recovered _____ ft. of _____	<u>PH 9.0</u>	Other Charges
Remarks: _____	<u>RW .65 @ 78 deg.</u>	Insurance
<u>TOOL SAMPLE:2% OIL, 13% WTR, 85% MUD</u>		Total

Time Set Packer(s) 2:45 P.M. <sup>A.M.</sup> P.M. Time Started Off Bottom 5:15 P.M. <sup>A.M.</sup> P.M. Maximum Temperature 123

Initial Hydrostatic Pressure..... (A)	<u>2,184</u> P.S.I.
Initial Flow Period..... Minutes <u>30</u> (B)	<u>13</u> P.S.I. to (C) <u>43</u> P.S.I.
Initial Closed In Period..... Minutes <u>30</u> (D)	<u>1,017</u> P.S.I.
Final Flow Period..... Minutes <u>45</u> (E)	<u>44</u> P.S.I. to (F) <u>63</u> P.S.I.
Final Closed In Period..... Minutes <u>45</u> (G)	<u>1,016</u> P.S.I.
Final Hydrostatic Pressure..... (H)	<u>2,182</u> 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.



**CACOPLY**  
**CONSOLIDATED**  
 ON Well Services, LLC

259336

TICKET NUMBER 40008  
 LOCATION Oakley, KS  
 FOREMAN Kelly Gabel

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												
6-3-13	5661	Rosie 1-22	22	125	320	KS Logan												
CUSTOMER New Gulf Operating			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>399</td> <td>Damon</td> <td></td> <td></td> </tr> <tr> <td>460</td> <td>Mike</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	399	Damon			460	Mike		
TRUCK #	DRIVER	TRUCK #					DRIVER											
399	Damon																	
460	Mike																	
MAILING ADDRESS																		
CITY	STATE	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 148 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 20'  
 DISPLACEMENT 15 3/4 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting, rigged up on Val #4, hooked up to circulate mixed 200SKS com 3% cc 20 gel, displaced 15 3/4 bbl water. Shut in, washed out pumps & lines, rigged down.

Cement did circulate

Approx 3661 to pit

Thank You Kelly & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1150.00	1150.00
5406	7	MILEAGE	525	3675
11045	2005KS	Class A cement	18.55	3710.00
1102	564#	Calcium chloride	.94	530.16
118B	376#	Bentonite	.27	101.52
5407	9.4	Ton mileage delivery	175	430.00
				5958.49
				595.84
				5362.59
			SALES TAX	304.78
			ESTIMATED TOTAL	5667.37

**Completed**

Ravin 3737

AUTHORIZATION

Jim Henkle TITLE

DATE 6-3-13

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.



