



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1161024
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: _____



1161024

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
--	---

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	C.C.P. 1-28
Doc ID	1161024

Tops

Name	Top	Datum
Anhydrite	636	
Base Anhydrite	617	
Stotler	-469	
Topeka	-592	
Heebner	-823	
Toronto	-842	
Lansing	-872	
Muncie Creek	-1038	
Stark	-1128	
Marmaton	-1256	
Pawnee	-1344	
Ft Scott	-1402	
Cherokee	-1431	
Johnson	-1477	
Morrow Shale	-1544	
Miss	-1602	

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

October 02, 2013

Jim Henkle
New Gulf Operating LLC
10441 S. REGAL BLVD..
TULSA, OK 74133

Re: ACO1
API 15-109-21203-00-00
C.C.P. 1-28
SW/4 Sec.28-14S-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.

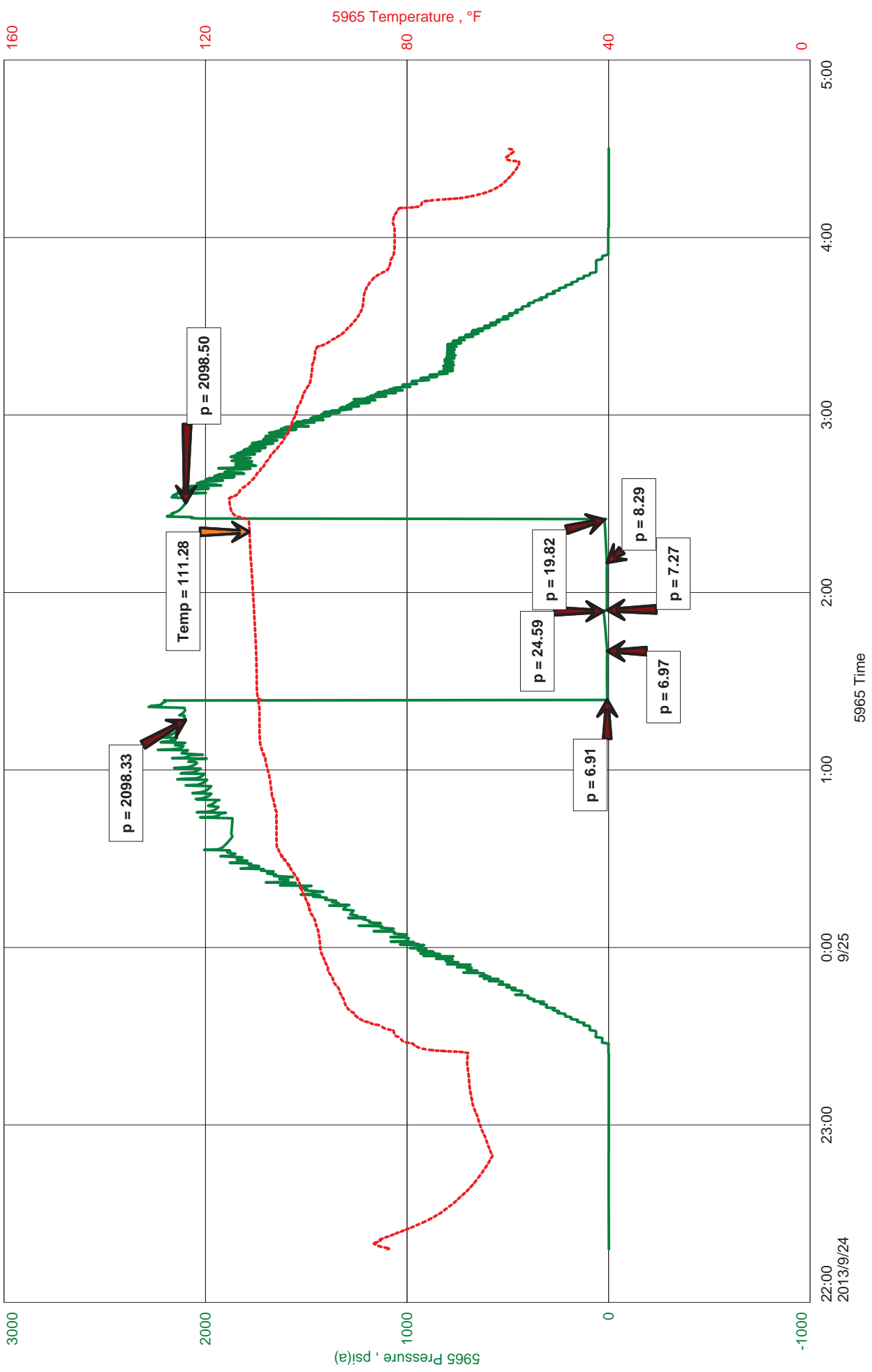
Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Jim Henkle

New Gulf Operating LLC
Dst #1 Fort Scott 4430'-4470'
Start Test Date: 2013/09/24
Final Test Date: 2013/09/25

CCP #-1-28
Formation: Dst #1 Fort Scott 4430'-4470'
Pool: Wildcat
Job Number: W001

CCP #-28





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: CCP#1-28DST1

TIME ON: 22:18
TIME OFF: 4:31

Company New Gulf Operating LLC Lease & Well No. CCP #1-28
Contractor Val #4 Charge to New Gulf Operating LLC
Elevation 3047 KB Formation Fort Scott Effective Pay _____ Ft. Ticket No. W001
Date 9-24-13 Sec. 28 Twp. 14 S Range 34 W County _____ State KANSAS
Test Approved By Steve Murphy Diamond Representative Wilbur Steinbeck

Formation Test No. 1 Interval Tested from 4,430 ft. to 4,470 ft. Total Depth 4,470 ft.
Packer Depth 4,425 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 4,430 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4,411 ft. Recorder Number 5965 Cap. 5,000 P.S.I.
Bottom Recorder Depth (Outside) 4,431 ft. Recorder Number 5446 Cap. 5,000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 52 Drill Collar Length N/A ft. I.D. 2 1/4 in.
Weight 9.2 Water Loss 8.0 cc. Weight Pipe Length N/A ft. I.D. 2 7/8 in.
Chlorides 4,200 P.P.M. Drill Pipe Length 4,411 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number 07 Test Tool Length 32 ft. Tool Size 3 1/2-IF in.
Did Well Flow? No Reversed Out No Anchor Length 40 ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: Surface blow died in 6 min No Return
2nd Open: No Blow No Return

Recovered <u>1</u> ft. of <u>Mud 100%</u>	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: <u>Tool Sample 100% Mud</u>	Insurance
	Total

Time Set Packer(s) 1:25 A.M. P.M. Time Started Off Bottom 2:25 A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) 2,098 P.S.I.
Initial Flow Period..... Minutes 15 (B) 7 P.S.I. to (C) 7 P.S.I.
Initial Closed In Period..... Minutes 15 (D) 25 P.S.I.
Final Flow Period..... Minutes 15 (E) 7 P.S.I. to (F) 8 P.S.I.
Final Closed In Period..... Minutes 15 (G) 20 P.S.I.
Final Hydrostatic Pressure..... (H) 2,099 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 General Report

Wilbur Steinbeck
TESTER
CELL: 620-282-1537

General Information

Company Name	New Gulf Operating LLC		
Contact	Jim Hankle	Job Number	W001
Well Name	CCP #1-28	Representative	Wilbur Steinbeck
Unique Well ID	Dst #1 Fort Scott 4430'-4470'	Well Operator	Val #4
Surface Location	28-14s-34w	Report Date	2013/09/25
Field	Wildcat	Prepared By	Wilbur Steinbeck
		Qualified By	Steve Murphy

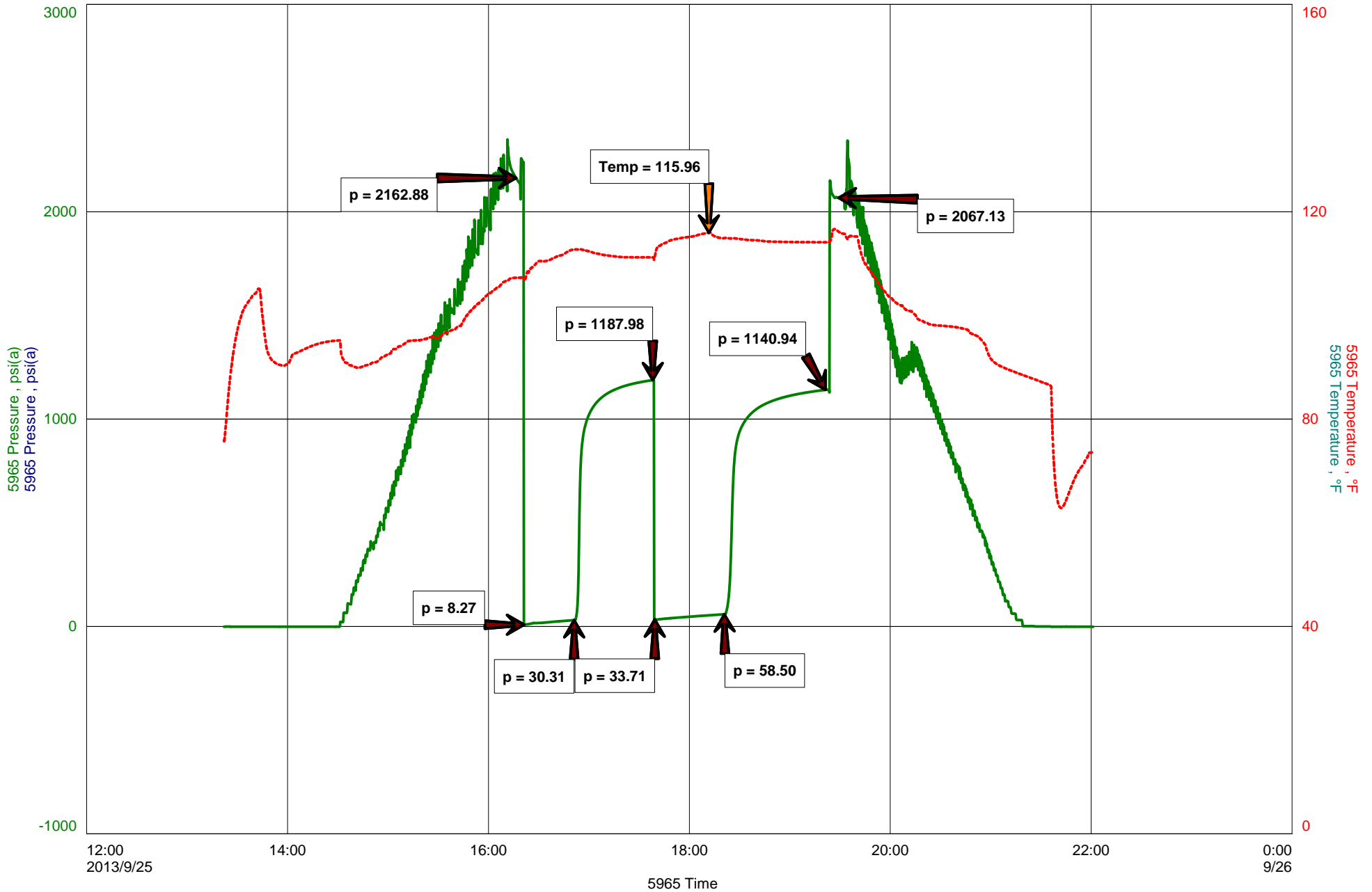
Test Information

Test Type	Conventional		
Formation	Dst #1 Fort Scott 4430'-4470'		
Well Fluid Type	01 Oil		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2013/09/24	Start Test Time	22:18:00
Final Test Date	2013/09/25	Final Test Time	04:31:00

Test Recovery

Recovery	1' Mud 100%
	1' Total fluid

CCP #128





Diamond Testing General Report

Wilbur Steinbeck
TESTER
CELL: 620-282-1537

General Information

Company Name	New Gulf Operating LLC		
Contact	Jim Henkle	Job Number	W002
Well Name	CCP #128	Representative	Wilbur Steinbeck
Unique Well ID	DST 2 Cherokee Lime 4474'-4510'	Well Operator	Val #4
Surface Location	28-14s-34w	Report Date	2013/09/25
Field	Wildcat	Prepared By	Wilbur Steinbeck
		Qualified By	Steve Murphy

Test Information

Test Type	Conventional		
Formation	DST 2 Cherokee Lime 4474'-4510'		
Well Fluid Type	01 Oil		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2013/09/25	Start Test Time	13:22:00
Final Test Date	2013/09/25	Final Test Time	22:02:00

Test Recovery

Recovery 90' WCM 25%W 75%M
 90' Total Fluid

Tool Sample WCM 50%W 50%M

Chlorides 29,000 ppm
PH 6.5
RW .250@72 DEG F



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: CCP 1-28 DST 2

TIME ON: 13:22
TIME OFF: 22:02

Company New Gulf Operating LLC Lease & Well No. CCP #1-28
Contractor Val #4 Charge to New Gulf Operating LLC
Elevation 3047 KB Formation Cherokee Lime Effective Pay _____ Ft. Ticket No. W002
Date 9-25-13 Sec. 28 Twp. _____ 14 S Range _____ 34 W County STAFFORD State KANSAS
Test Approved By _____ Diamond Representative Wilbur Steinbeck

Formation Test No. 2 Interval Tested from 4,474' ft. to 4,510' ft. Total Depth 4,510' ft.
Packer Depth 4469 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 4474 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4455 ft. Recorder Number 5965 Cap. 5,000 P.S.I.
Bottom Recorder Depth (Outside) 4475 ft. Recorder Number 5446 Cap. 5,000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 51 Drill Collar Length 118 ft. I.D. 2 1/4 in.
Weight 9.1 Water Loss 8.8 cc. Weight Pipe Length N/A ft. I.D. 2 7/8 in.
Chlorides 6,500 P.P.M. Drill Pipe Length 4,476 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number 07 Test Tool Length 32 ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length 36 ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: Built to 3 1/2" **No Return**
2nd Open: Built to 3 1/2" **No Return**

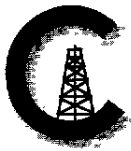
Recovered 90 ft. of WCM 25%W 75%M
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: TEST OK	Insurance
TOOL SAMPLE: <u>WCM 50%W 50%M</u>	Total

Time Set Packer(s) 16:25 A.M. P.M. Time Started Off Bottom 19:25 A.M. P.M. Maximum Temperature 116

Initial Hydrostatic Pressure..... (A) 2163 P.S.I.
Initial Flow Period..... Minutes 30 (B) 8 P.S.I. to (C) 30 P.S.I.
Initial Closed In Period..... Minutes 45 (D) 1188 P.S.I.
Final Flow Period..... Minutes 45 (E) 34 P.S.I. to (F) 59 P.S.I.
Final Closed In Period..... Minutes 60 (G) 1141 P.S.I.
Final Hydrostatic Pressure..... (H) 2067 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

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 262434

Invoice Date: 09/20/2013 Terms: 10/10/30,n/30 Page 1

NEW GULF OPERATING LLC
10441 S.REGAL BLVD., STE 210
TULSA OK 74133
(918)728-3020

CCP 1--28
38087
28-14-34
09-18-2013
KS

SEP 23 2013

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	250.00	18.5500	4637.50
1102	CALCIUM CHLORIDE (50#)	705.00	.9400	662.70
1118B	PREMIUM GEL / BENTONITE	470.00	.2700	126.90

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-542.71
9995-130	CEMENT EQUIPMENT DISCOUNT	-218.25

Description	Hours	Unit Price	Total
463 CEMENT PUMP (SURFACE)	1.00	1150.00	1150.00
463 EQUIPMENT MILEAGE (ONE WAY)	40.00	5.25	210.00
693 TON MILEAGE DELIVERY	1.00	822.50	822.50

COMPANY _____
WELL # CCP 1
AFE # _____
G/L ACCT CODE 9208
G/L DESCRIPT Cement Surface
DATA ENTRY/DATE _____
AUTHORIZED/DATE JH 9-18-13 9-25-13 WHK

Amount Due 8024.78 if paid after 10/20/2013

Parts:	5427.10	Freight:	.00	Tax:	373.66	AR	7222.30
Labor:	.00	Misc:	.00	Total:	7222.30		
Sublt:	-760.96	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

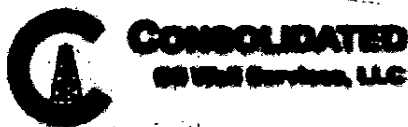
OAKLEY, KS
785/672-8822

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914

CUSHING, OK
918/225-2650



262434

TICKET NUMBER 38087
 LOCATION Oakley, Ks.
 FOREMAN Damen + Fuzzey

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																
9/18/13	5661	CCP 1-28	28	14	34	Logan, Ks.																
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>463</td> <td>Cory</td> <td></td> <td></td> </tr> <tr> <td>693</td> <td>Jeremy S.</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Steven</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	463	Cory			693	Jeremy S.				Steven		
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CITY	STATE	ZIP CODE																				
Indian																						
3W																						
Sinto																						

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 268 CASING SIZE & WEIGHT 8 7/8, 24"
 CASING DEPTH 268 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 142 SLURRY VOL 1.36 WATER gal/sk _____ CEMENT LEFT IN CASING 20'
 DISPLACEMENT 15.79 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Softly Meeting Rig up on Val #4 Run Casing Break Circulation
with Rig Pump, Hook up to Pump Truck mix sks Cem 3% CC, 2% Gel
Displace with Water 15.79 bbl Shut in Wash up Pump + Lines Rig Down
mix 150# Hulls with water Follows with 100 sks Class A 2% CC 2% Gel with 300# Hulls
mix 150 sks Class A with 3% CC 2% Gel To Follow That Rig Down
Hulls provided By Customer Cement Did Circulate

Approx 2 bbl To Pit

Thanks Damen + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1150.00	1150.00
5406	40	MILEAGE	5.25	210.00
5407 A	11.75	Ton mileage Delivery	1.75	822.50
1104 S	250 sks	Class A Cement	18.55	4637.50
1102	705 #	Calcium Chloride	.94	662.70
1118 B	470 #	Bentonite	.22	126.40
			Sub Total	7609.60
			Less 10%	760.96
			Sub Total	6848.64
			7.65% SALES TAX	373.60
			ESTIMATED TOTAL	7222.24

completed

Revin 3737

[Signature]
 Jim Howell

AUTHORIZATION _____ 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.

