



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1167775
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: _____

1167775

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	St. Joseph #2
Doc ID	1167775

Tops

Name	Top	Datum
Anhydrite	2552	464
Base Anhydrite	2574	442
Heebner	3997	-981
Lansing	4042	-1026
Muncie Creek	4180	-1164
Lansing H	4194	-1178
Lansing J	4246	-1230
Stark	4262	-1246
Marmaton	4358	-1342
Pawnee	4462	-1446
Cherokee	4544	-1528
Johnson	4591	-1575
Morrow Shale	4618	-1602
Mississippi	4626	-1610
RTD		-1699

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

November 11, 2013

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

Re: ACO1
API 15-109-21202-00-00
St. Joseph #2
NE/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,
Jim Henkle

DIAMOND TESTING

General Information Report

General Information

Company Name NEW GULF OPERATING, LLC
Contact WINK KOPCZYNSKI JR.
Well Name ST. JOSEPH #2
Unique Well ID DST #1, LKC "H", 4175-4210
Surface Location SEC 10-12S-32W, LOGAN CO. KS.
Field WILDCAT
Well Type Vertical
Test Type CONVENTIONAL
Formation DST #1, LKC "H", 4175-4210
Well Fluid Type 01 Oil

Representative TIM VENTERS
Well Operator NEW GULF OPERATING, LLC
Report Date 2013/11/05
Prepared By TIM VENTERS
Qualified By JOHN GOLDSMITH

Start Test Date 2013/11/04
Final Test Date 2013/11/05

Start Test Time 17:13:00
Final Test Time 02:41:00

Test Recovery:

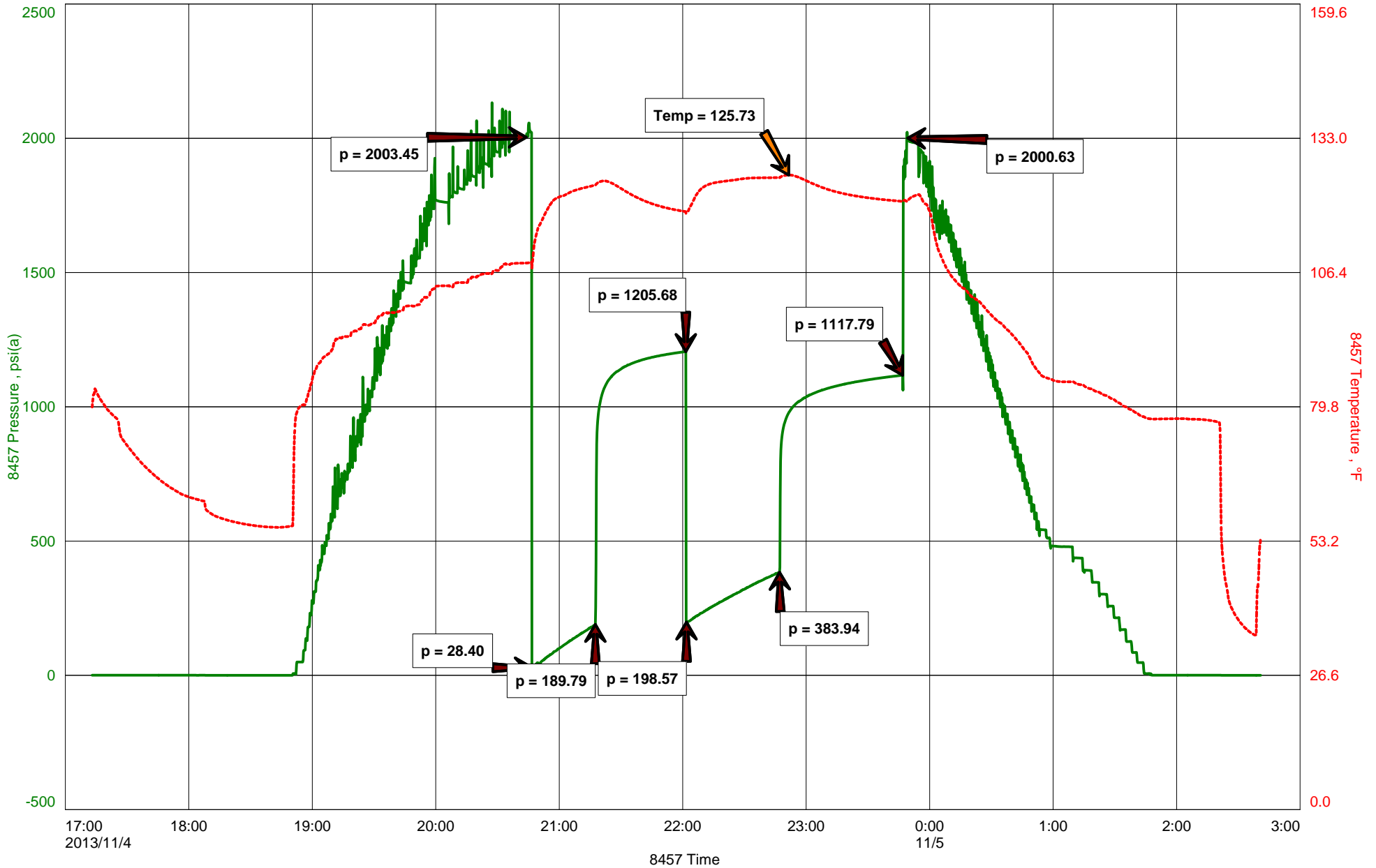
RECOVERED: 1530' GAS IN PIP
865' GO, 8% GAS, 92% OIL, GRAVITY: 36
125' G, SMCO, 7% GAS, 89% OIL, 4% MUD
65' G, SOCM, 4% GAS, 14% OIL, 82% MUD
1055' TOTAL FLUID

TOOL SAMPLE: 2% GAS, 95% OIL, 3% MUD

NEW GULF OPERATING, LLC
DST #1, LKC "H", 4175-4210
Start Test Date: 2013/11/04
Final Test Date: 2013/11/05

ST. JOSEPH #2
Formation: DST #1, LKC "H", 4175-4210
Pool: WILDCAT
Job Number: T275

ST. JOSEPH #2





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: ST.JOSEPH2DST1

TIME ON: 17:13 11-4-13
TIME OFF: 02:41 11-5-13

Company NEW GULF OPERATING, LLC Lease & Well No. ST. JOSEPH #2
Contractor VAL ENERGY, INC. RIG #4 Charge to NEW GULF OPERATING, LLC
Elevation 3016 KB Formation LKC "H" Effective Pay _____ Ft. Ticket No. T275
Date 11-4-13 Sec. 10 Twp. _____ 12 S Range _____ 32 W County LOGAN State KANSAS
Test Approved By JOHN GOLDSMITH Diamond Representative TIMOTHY T. VENTERS

Formation Test No. 1 Interval Tested from 4175 ft. to 4210 ft. Total Depth 4210 ft.
Packer Depth 4170 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 4175 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4156 ft. Recorder Number 8457 Cap. 10,000 P.S.I.
Bottom Recorder Depth (Outside) 4207 ft. Recorder Number 11030 Cap. 5,025 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 56 Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight 9.1 Water Loss 6.4 cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides 2,000 P.P.M. Drill Pipe Length 4142 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number 2 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 35 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: GOOD 1 INCH BLOW, BUILDING, REACHING BOB 2 1/2 MIN. (BOB BB)
2nd Open: WEAK 1/2 INCH BLOW, BUILDING, REACHING BOB 7 MIN. (NO BB)

Recovered 1530 ft. of GAS IN PIPE
Recovered 865 ft. of GO, 8% GAS, 92% OIL, GRAVITY: 36
Recovered 125 ft. of G,SMCO, 7% GAS, 89% OIL, 4% MUD
Recovered 65 ft. of G,SOCM 4% GAS, 14% OIL, 82% MUD

Recovered <u>1055</u> ft. of <u>TOTAL FLUID</u>	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
TOOL SAMPLE: <u>2% GAS, 95% OIL, 3% MUD</u>	Total

Time Set Packer(s) 8:46 PM A.M. P.M. Time Started Off Bottom 11:46 PM A.M. P.M. Maximum Temperature 126 deg.

Initial Hydrostatic Pressure..... (A) 2003 P.S.I.
Initial Flow Period..... Minutes 30 (B) 28 P.S.I. to (C) 190 P.S.I.
Initial Closed In Period..... Minutes 45 (D) 1206 P.S.I.
Final Flow Period..... Minutes 45 (E) 199 P.S.I. to (F) 384 P.S.I.
Final Closed In Period..... Minutes 60 (G) 1118 P.S.I.
Final Hydrostatic Pressure..... (H) 2001 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 Information Report

General Information

Company Name NEW GULF OPERATING, LLC
Contact WINK KOPCZYNSKI JR.
Well Name ST. JOSEPH #2
Unique Well ID DST #2, LKC "J", 4236-4251
Surface Location SEC 10-12S-32W, LOGAN CO. KS.
Field WILDCAT
Well Type Vertical
Test Type CONVENTIONAL
Formation DST #2, LKC "J", 4236-4251
Well Fluid Type 01 Oil

Representative TIM VENTERS
Well Operator NEW GULF OPERATING, LLC
Report Date 2013/11/05
Prepared By TIM VENTERS
Qualified By JOHN GOLDSMITH

Start Test Date 2013/11/05
Final Test Date 2013/11/05

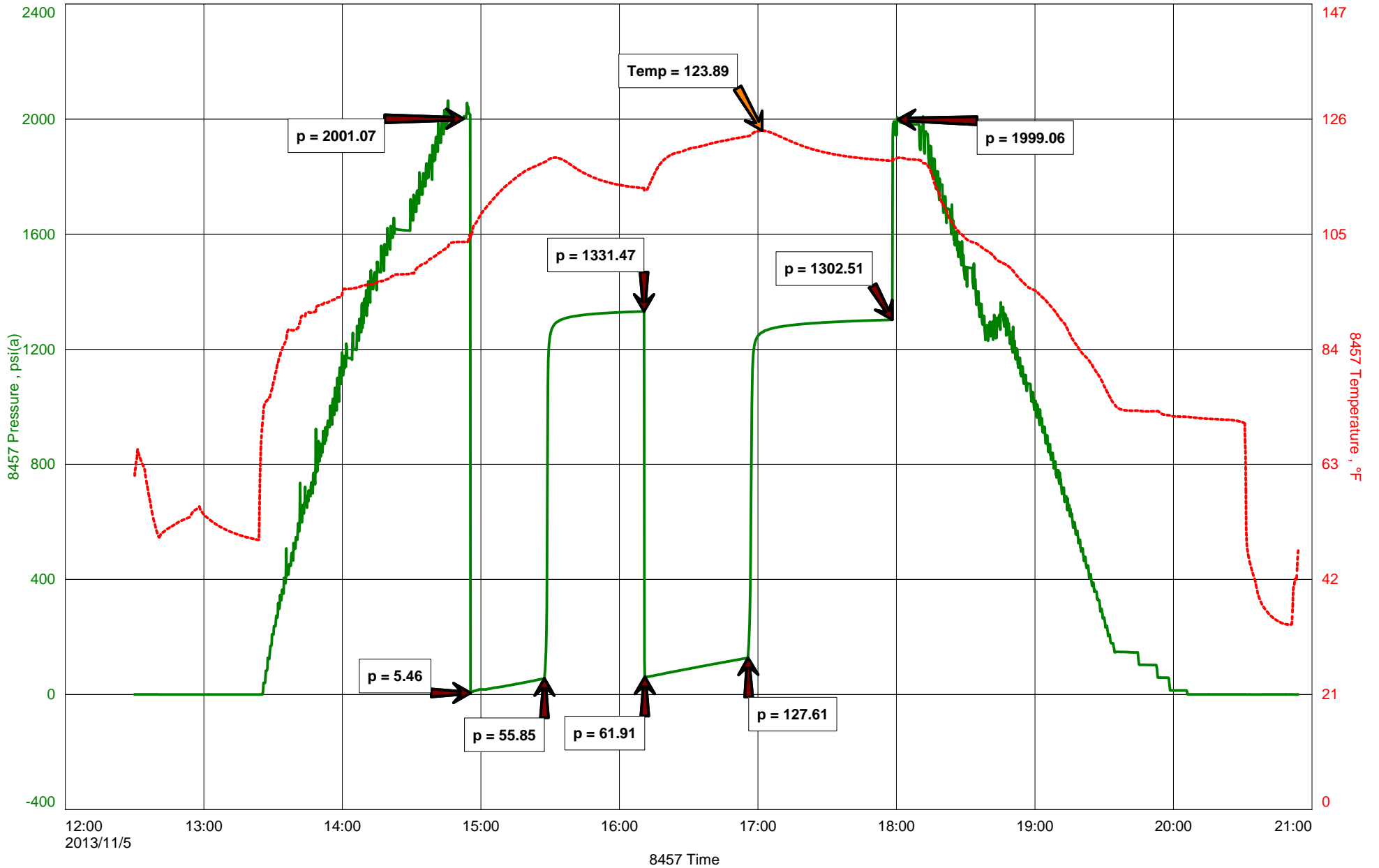
Start Test Time 12:30:00
Final Test Time 20:55:00

Test Recovery:

RECOVERED: 1990' GAS IN PIPE
280' GO, 4% GAS, 96% OIL, GRAVITY: 35
65' G,HMCO, 16% GAS, 45% OIL, 39% MUD
345' TOTAL FLUID

TOOL SAMPLE: 3% GAS, 93% OIL, 4% MUD

ST. JOSEPH #2





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: ST.JOSEPH2DST2

TIME ON: 12:30
TIME OFF: 20:55

Company NEW GULF OPERATING, LLC Lease & Well No. ST. JOSEPH #2
Contractor VAL ENERGY, INC. RIG #4 Charge to NEW GULF OPERATING, LLC
Elevation 3016 KB Formation LKC "J" Effective Pay _____ Ft. Ticket No. T276
Date 11-5-13 Sec. 10 Twp. _____ 12 S Range _____ 32 W County LOGAN State KANSAS
Test Approved By JOHN GOLDSMITH Diamond Representative TIMOTHY T. VENTERS

Formation Test No. 2 Interval Tested from 4236 ft. to 4251 ft. Total Depth 4251 ft.
Packer Depth 4231 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 4236 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____
Top Recorder Depth (Inside) 4217 ft. Recorder Number 8457 Cap. 10,000 P.S.I.
Bottom Recorder Depth (Outside) 4248 ft. Recorder Number 11030 Cap. 5,025 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 55 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9.0 Water Loss 6.8 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 3,000 P.P.M. Drill Pipe Length 4203 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number 2 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 15 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: WEAK SURFACE BLOW, BUILDING, REACHING BOB 4 1/2 MIN. (WS BB)
2nd Open: WEAK 1/2 INCH BLOW, BUILDING, REACHING BOB 6 1/2 MIN. (6 1/2" BB)

Recovered 1990 ft. of GAS IN PIPE
Recovered 280 ft. of GO, 4% GAS, 96% OIL, GRAVITY: 35
Recovered 65 ft. of G,HMCO, 165 GAS, 45% OIL, 39% MUD
Recovered 345 ft. of TOTAL FLUID

Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
TOOL SAMPLE: <u>3% GAS, 93% OIL, 4% MUD</u>	Total

Time Set Packer(s) 2:55 PM A.M. P.M. Time Started Off Bottom 5:57 PM A.M. P.M. Maximum Temperature 124 deg.

Initial Hydrostatic Pressure..... (A) 2001 P.S.I.
Initial Flow Period..... Minutes 30 (B) 5 P.S.I. to (C) 56 P.S.I.
Initial Closed In Period..... Minutes 45 (D) 1331 P.S.I.
Final Flow Period..... Minutes 45 (E) 62 P.S.I. to (F) 128 P.S.I.
Final Closed In Period..... Minutes 62 (G) 1303 P.S.I.
Final Hydrostatic Pressure..... (H) 1999 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 Information Report

General Information

Company Name NEW GULF OPERATING, LLC
Contact WINK KOPCZYNSKI JR.
Well Name ST. JOSEPH #2
Unique Well ID DST #3, LKC "K", 4260-4293
Surface Location SEC 10-12S-32W, LOGAN CO. KS.
Field WILDCAT
Well Type Vertical
Test Type CONVENTIONAL
Formation DST #3, LKC "K", 4260-4293
Well Fluid Type 01 Oil

Representative TIM VENTERS
Well Operator NEW GULF OPERATING, LLC
Report Date 2013/11/06
Prepared By TIM VENTERS
Qualified By JOHN GOLDSMITH

Start Test Date 2013/11/06
Final Test Date 2013/11/06

Start Test Time 07:03:00
Final Test Time 15:34:00

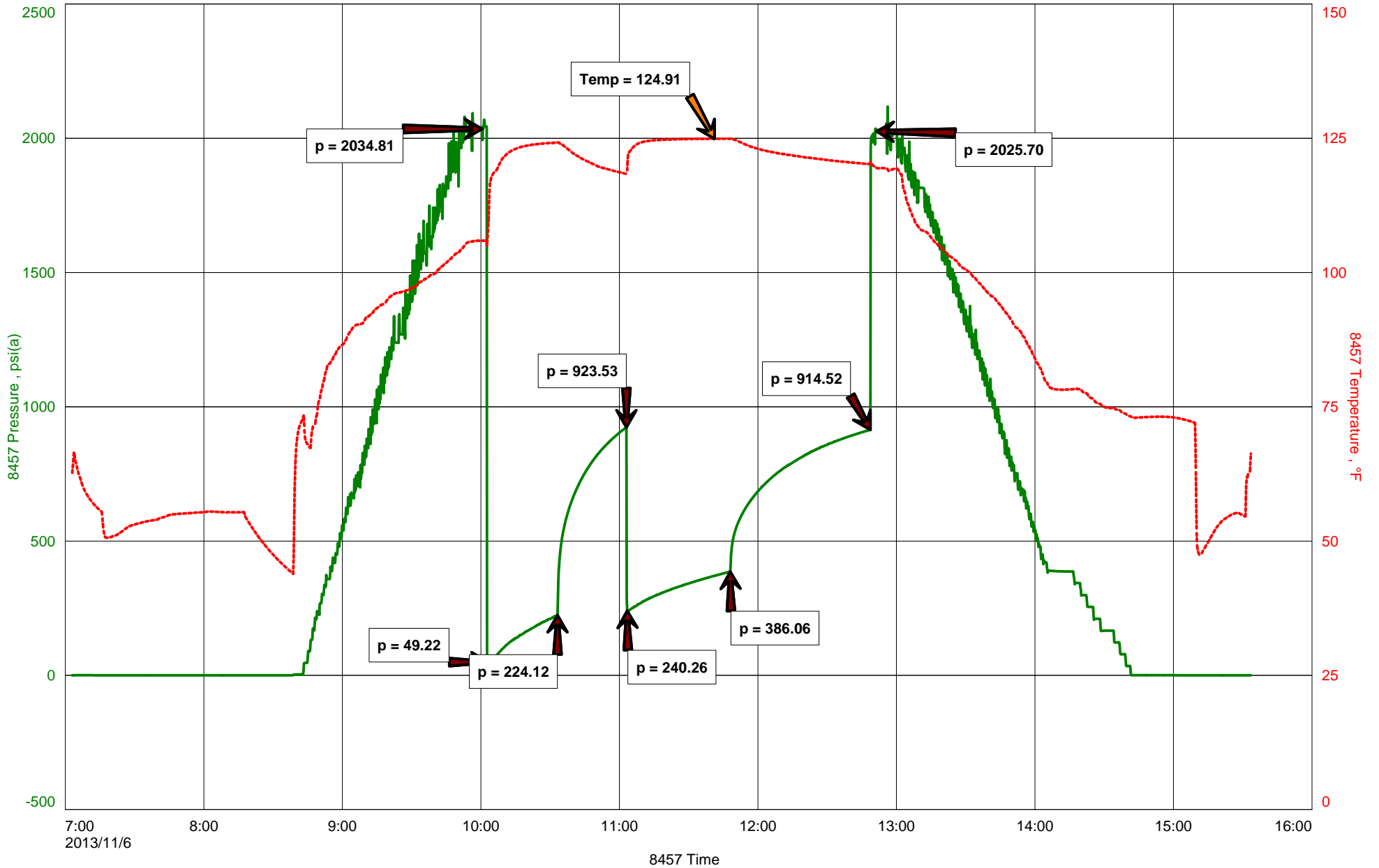
Test Recovery:

RECOVERED: 135' SO,MCW, 2% OIL, 72% WATER, 26% MUD
695' SMCW, 88% WATER, 12% MUD
830' TOTAL FLUID

TOOL SAMPLE: 11% OIL, 67% WATER, 22% MUD

CHLORIDES: 81,000 ppm
PH: 6.0
RW: .21 @ 64 deg.

ST. JOSEPH #2





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: ST.JOSEPH2DST3

TIME ON: 07:03
TIME OFF: 15:34

Company NEW GULF OPERATING, LLC Lease & Well No. ST. JOSEPH #2
Contractor VAL ENERGY, INC. RIG #4 Charge to NEW GULF OPERATING, LLC
Elevation 3016 KB Formation LKC "K" Effective Pay _____ Ft. Ticket No. T277
Date 11-6-13 Sec. 10 Twp. _____ 12 S Range _____ 32 W County LOGAN State KANSAS
Test Approved By JOHN GOLDSMITH Diamond Representative TIMOTHY T. VENTERS

Formation Test No. 3 Interval Tested from 4260 ft. to 4293 ft. Total Depth 4293 ft.
Packer Depth 4255 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 4260 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____
Top Recorder Depth (Inside) 4241 ft. Recorder Number 8457 Cap. 10,000 P.S.I.
Bottom Recorder Depth (Outside) 4290 ft. Recorder Number 11030 Cap. 5,025 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 56 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9.2 Water Loss 6.4 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 3,000 P.P.M. Drill Pipe Length 4227 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number 2 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 33 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: GOOD 1 INCH BLOW, BUILDING, REACHING BOB 4 MIN. (NO BB)
2nd Open: GOOD 1 INCH BLOW, BUILDING, REACHING BOB 9 1/2 MIN. (NO BB)

Recovered 135 ft. of SO,MCW, 2% OIL, 72% WATER, 26% MUD
Recovered 695 ft. of SMCW, 88% WATER, 12% MUD
Recovered 830 ft. of TOTAL FLUID

Recovered _____ ft. of _____	CHLORIDES: 81,000 ppm	Price Job
Recovered _____ ft. of _____	PH: 6.0	Other Charges
Remarks: _____	RW: .21 @ 64 deg.	Insurance
TOOL SAMPLE: 11% OIL, 67% WATER, 22% MUD		Total

Time Set Packer(s) 10:02 AM A.M. P.M. Time Started Off Bottom 12:47 PM A.M. P.M. Maximum Temperature 125 deg.

Initial Hydrostatic Pressure..... (A) 2035 P.S.I.
Initial Flow Period..... Minutes 30 (B) 49 P.S.I. to (C) 224 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 924 P.S.I.
Final Flow Period..... Minutes 45 (E) 2450 P.S.I. to (F) 386 P.S.I.
Final Closed In Period..... Minutes 60 (G) 915 P.S.I.
Final Hydrostatic Pressure..... (H) 2026 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 Information Report

General Information

Company Name NEW GULF OPERATING, LLC
Contact WINK KOPCZYNSKI JR.
Well Name ST. JOSEPH #2
Unique Well ID DST #4, JOHNSON, 4538-4602
Surface Location SEC 10-12S-32W, LOGAN CO. KS.
Field WILDCAT
Well Type Vertical
Test Type CONVENTIONAL
Formation DST #4, JOHNSON, 4538-4602
Well Fluid Type

Representative TIM VENTERS
Well Operator NEW GULF OPERATING, LLC
Report Date 2013/11/08
Prepared By TIM VENTERS
Qualified By JOHN GOLDSMITH

Start Test Date 2013/11/07
Final Test Date 2013/11/08

Start Test Time 19:43:00
Final Test Time 05:42:00

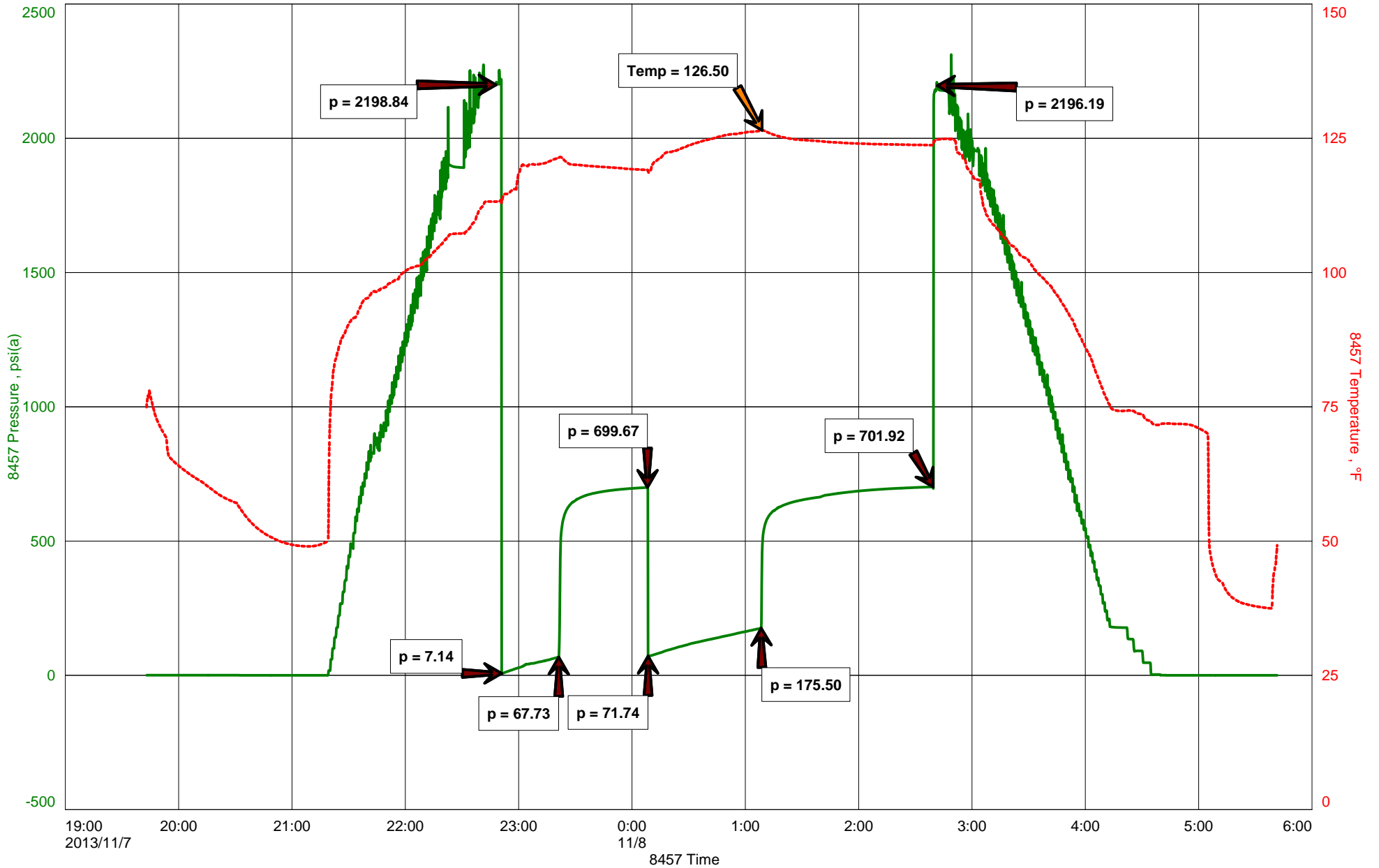
Test Recovery:

RECOVERED: 435' GAS IN PIPE
50' CO, 100% OIL, GRAVITY: 25
85' G,SOCM, 6% GAS, 17% OIL, 77% MUD
125' G,SO,WCM, 1% GAS, 8% OIL, 24% WATER, 67% MUD
125' G,SO,MCW, 2% GAS, 4% OIL, 58% WATER, 36% MUD
385' TOTAL FLUID

TOOL SAMPLE: 4% OIL, 78% WATER, 18% MUD

CHLORIDES: 30,000 ppm
PH: 7.0
RW: .33 @ 73 deg.

ST. JOSEPH #2





DIAMOND TESTING
 P.O. Box 157
HOISINGTON, KANSAS 67544
 (800) 542-7313
DRILL-STEM TEST TICKET
 FILE: ST.JOSEPH2DST4

TIME ON: 19:43 11-7-13
 TIME OFF: 05:42 11-8-13

Company NEW GULF OPERATING, LLC Lease & Well No. ST. JOSEPH #2
 Contractor VAL ENERGY, INC. RIG #4 Charge to NEW GULF OPERATING, LLC
 Elevation 3016 KB Formation JOHNSON Effective Pay _____ Ft. Ticket No. T278
 Date 11-7-13 Sec. 10 Twp. 12 S Range 32 W County LOGAN State KANSAS
 Test Approved By JOHN GOLDSMITH Diamond Representative TIMOTHY T. VENTERS

Formation Test No. 4 Interval Tested from 4538 ft. to 4602 ft. Total Depth 4602 ft.
 Packer Depth 4533 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Packer Depth 4538 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4519 ft. Recorder Number 8457 Cap. 10,000 P.S.I.
 Bottom Recorder Depth (Outside) 4599 ft. Recorder Number 11030 Cap. 5,025 P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 54 Drill Collar Length 0 ft. I.D. 2 1/4 in.
 Weight 9.2 Water Loss 7.2 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
 Chlorides 3,300 P.P.M. Drill Pipe Length 4505 ft. I.D. 3 1/2 in.
 Jars: Make STERLING Serial Number 2 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.
 Did Well Flow? NO Reversed Out NO Anchor Length 33 ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. ^{31' DP IN ANCHOR} Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: WEAK 1/4 INCH BLOW, BUILDING, REACHING BOB 30 MIN. (VWS BB)
 2nd Open: WEAK SURFACE BLOW, BUILDING, REACHING BOB 27 1/2 MIN. (1/4" BB)

Recovered <u>435</u> ft. of <u>GAS IN PIPE</u>	
Recovered <u>50</u> ft. of <u>CO, 100% OIL, GRAVITY: 25</u>	
Recovered <u>85</u> ft. of <u>G,SOCM, 6% GAS, 17% OIL, 77% MUD</u>	
Recovered <u>125</u> ft. of <u>G,SO,WCM, 1% GAS, 8% OIL, 24% WATER, 67% MUD</u>	
Recovered <u>125</u> ft. of <u>G,SO,MCW, 2% GAS, 4% OIL, 58% WATER, 36% MUD</u>	Price Job
Recovered <u>385</u> ft. of <u>TOTAL FLUID</u> CHORIDES: <u>30,000</u> ppm	Other Charges
Remarks: <u>PH: 7.0</u>	Insurance
<u>RW: .33 @ 73 deg.</u>	
<u>TOOL SAMPLE: 4% OIL, 78% WATER, 18% MUD</u>	Total

Time Set Packer(s) 10:50 PM ^{A.M.}/_{P.M.} Time Started Off Bottom 2:38 AM ^{A.M.}/_{P.M.} Maximum Temperature 127 deg.

Initial Hydrostatic Pressure..... (A) 2199 P.S.I.
 Initial Flow Period..... Minutes 30 (B) 7 P.S.I. to (C) 68 P.S.I.
 Initial Closed In Period..... Minutes 48 (D) 700 P.S.I.
 Final Flow Period..... Minutes 60 (E) 72 P.S.I. to (F) 176 P.S.I.
 Final Closed In Period..... Minutes 90 (G) 702 P.S.I.
 Final Hydrostatic Pressure..... (H) 2196 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.



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

263636

TICKET NUMBER 44388
LOCATION Oakley, Ks.
FOREMAN Dumen, Walt

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
10/30/13	5661	St. Joseph #2	10	12	32	Logan	
CUSTOMER NEW Gulf			No.				
MAILING ADDRESS			Oakley 65-1/2 W 5 into	TRUCK #	DRIVER	TRUCK #	DRIVER
CITY				463	Cory		
STATE				693	Damon		
ZIP CODE				Helper	Lance		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 267 CASING SIZE & WEIGHT 8 7/8 24"
 CASING DEPTH 262 4/8 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14 8 SLURRY VOL 136 WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 15.77 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting Rig up on Val - 24" - Run casing - Break circulation with rig pump Hook up to pump truck mix 200 sks Cem 9% cc 2% Gel Displace with 15.77 water shut in Washup Pump + Lines Rig Down

Cement Did Circulate

Approx 5 bbls To pit Thanks Dumen & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE	\$ 1150.00	\$ 1150.00 ✓
5406	7	MILEAGE	\$ 5.25	\$ 36.75 ✓
5407	9.4	Ton mileage Delivery	\$ 1.75	\$ 164.50 ✓
1104 S	200 SKS	Class 'H' Cement	\$ 18.55	\$ 3710.00 ✓
1102	564 "	Calcium Chloride	\$.98	\$ 552.72 ✓
1118 B	376 "	Bentonite	\$.27	\$ 101.52 ✓
			SubTotal	\$ 5958.48 ✓
			SubTotal	\$ 595.84 ✓
			Less 10%	\$ 59.58 ✓
			SubTotal	\$ 5362.59 ✓
			SALES TAX	208.94 ✓
			ESTIMATED	
			TOTAL	5161.53 ✓

completed

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.



CONSOLIDATED
Oil Well Services, LLC

263854

TICKET NUMBER 44396
LOCATION Oakley, Mo.
FOREMAN Damen, walt

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

FIELD TICKET & TREATMENT REPORT
CEMENT

Ko.

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/9/13	5661	St Josephs #2	10	12	32	Logan
CUSTOMER New Gulf operating			TRUCK #		DRIVER	
MAILING ADDRESS 6 S 1/2 W Sinto			463		Cory	
			693		Cody	
			529		Cody	
			Helpers		DJ. + Michael	
CITY	STATE	ZIP CODE				

JOB TYPE 2 Stage HOLE SIZE 7 7/8 HOLE DEPTH 4716 CASING SIZE & WEIGHT 5 1/2, 15.5
CASING DEPTH 4704.96 DRILL PIPE _____ TUBING _____ OTHER DV tool 2578'
SLURRY WEIGHT 18 @ 12 SLURRY VOL 1.42, 1.89 WATER gal/sk _____ CEMENT LEFT in CASING 41.70
DISPLACEMENT 110.98, 4.35 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Softly meeting Rigup on Val #4 Run Casings + Float Equipment Cent 1-2-3
-6-9-12-15-18-51-53 Basket on #52 DV Tool on top of 52 Circulate 1 hr.
pump 5 water mix mud flush pump 5 water mix 175 SKs OWC w/ 5" Kolseal wash up pump
+ Lines Displace plug Down with 50 water 60.98 mud Land plug @ 1300' Lift 750'
Drop opening tool wait 15 min then open @ 1000' Circulate for 3 hrs Plug mouse hole
30 SKs Plug Rathole 30 SKs Pump 5 water mix 450 SKs 60/40 8% Gel 1/4" Floseal
Release plug Wash up Pump + Lines Displace plug Down with 61.35 bbl water
Land @ 1800' Lift 1000' Float Did Hold Cement Did Circulate

Thanks Damen + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	\$3175.00	\$3175.00 ✓
5406	10	MILEAGE	\$52.50	\$52.50 ✓
5407A	29.7	Ton Mileage Delivery	\$17.50	\$519.80 ✓
1126	175 SKs	OWC	\$23.70	\$4147.50 ✓
110A	875*	Kolseal	\$0.56	\$490.00 ✓
1131	500 SKs	60/40 p o 3 mix	\$15.86	\$7930.00 ✓
1118 B	3440*	Bentonite	\$27	\$928.80 ✓
1107	125*	Floseal	\$2.92	\$371.25 ✓
1144G	500 gal	mud Flush	\$1.00	\$500.00 ✓
4159	1	5 1/2 Float Shoe AFU	\$433.75	\$433.75 ✓
4130	10	5 1/2 Centralizers	\$61.00	\$610.00 ✓
4104	1	5 1/2 Basket	\$290.00	\$290.00 ✓
4283	1	5 1/2 DV Tool ^{SN#} 2019527	\$4900.00	\$4900.00 ✓
4454	1	5 1/2 Latch Down Plug Assy	\$303.00	\$303.00 ✓
1111	2 SKs	Salt	NC	NC ✓
			Sub Total	\$24651.60 ✓
			Less 10%	\$2465.16 ✓
			Sub Total	\$22186.44 ✓
			SALES TAX 7.65	1439.27 ✓
			ESTIMATED TOTAL	23625.71 ✓

Ravin 3737

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.