



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1198652
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: _____

1198652

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
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	New Gulf Operating LLC
Well Name	Fromholtz 1-14
Doc ID	1198652

Tops

Name	Top	Datum
Anhydrite	2538	463
Base Anhydrite	2560	439
Heebner	3989	-988
Lansing	4034	-1033
Muncie Creek	4180	-1179
Stark	4255	-1254
Marmaton	4348	-1346
Pawnee	4456	-1455
Cherokee	4535	-1534
Johnson	4580	-1579
Mississippi	4630	-1629



266899

TICKET NUMBER 44656
 LOCATION OAKLEY KS.
 FOREMAN Damon M.

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
3-24-14	5661	FROM HOLTZ # 1-14	14	12	32	LOGAN
CUSTOMER NEW GULF		OAKLEY S E INTO	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 10441 S. REGAL BLVD.			399	MIKE R.		
CITY TULSA			460	DOC		
STATE OK.		ZIP CODE 74133				

JOB TYPE SURFACE HOLE SIZE 12 1/4 HOLE DEPTH 269 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 269 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 15 3/4 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: SAFETY MEETING RIG UP ON VAL #4 CIRC CASING ON BOTTOM MIX
200 SKS COM CLASS A 3% CE 2% GEL DISPLACE 15 3/4 OF H2O SHUT IN
WASHED TRUCK LINES AND RIGGED DOWN.

CEMENT DID CIRCULATE
APPROX 5 BBL TO THE PIT.

THANK YOU DAMON & CREW

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
540	1	PUMP CHARGE	1150.00	1150.00 ✓
5406	5	MILEAGE	5.25	26.25 ✓
5407A	9.0	LOW MILEAGE DELIVERY (MIN)	430.00	430.00 ✓
11045	200 SKS	COM CLASS A.	18.55	3710.00 ✓
1118B	376#	BENTONITE	.27	101.52 ✓
1102	564#	CALCIUM CHLORIDE	.94	530.16 ✓
			SUBTOTAL	5942.93 ✓
			LESS 10%	594.79 ✓
			SUBTOTAL	5348.14 ✓
			SALES TAX	298.94 ✓
			ESTIMATED TOTAL	5649.08 ✓

completed

Revin 3737

AUTHORIZATION

JIM HENKLE

TITLE

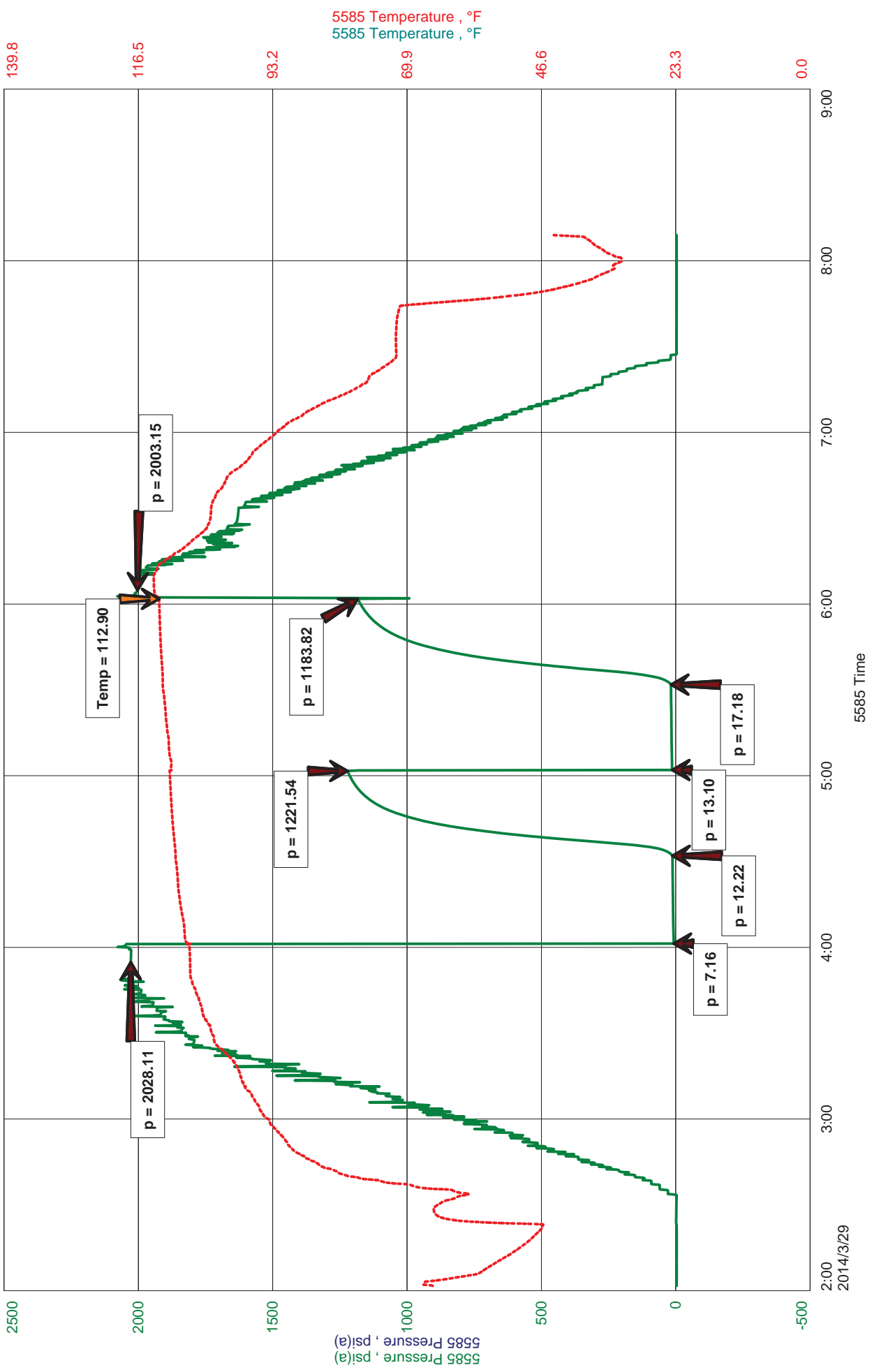
DATE

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.

NEW GULF OPERATING LLC.
DST1 LKC"H" 4158-4200
Start Test Date: 2014/03/29
Final Test Date: 2014/03/29

FROMHOLTZ 1-14
Formation: DST1 LKC"H" 4158-4200
Pool: WILDCAT
Job Number: A032

FROMHOLTZ 1-14



DIAMOND TESTING, LLC

TESTER : ANDY CARREIRA
CELL # 620-617-7202

General Information

Company Name	NEW GULF OPERATING LLC.	Contact	JIM HENKLE	Job Number	A032
Well Name	FROMHOLTZ 1-14	Well Operator	NEW GULF OPERATING LLC.	Report Date	2014/03/29
Unique Well ID	DST1 LKC"H" 4158-4200	Prepared By	ANDY CARREIRA		
Surface Location	SEC 14-12S-32W LOGAN CNTY, KS				
Well License Number					
Field	WILDCAT				
Well Type	Vertical				

Test Information

Test Type	CONVENTIONAL
Formation	DST1 LKC"H" 4158-4200
Well Fluid Type	01 Oil
Test Purpose	Initial Test

Start Test Date	2014/03/29	Start Test Time	02:01:00
Final Test Date	2014/03/29	Final Test Time	08:09:00

Gauge Name	5585
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Test Results

RECOVERY: 5' MUD

TOOL SAMPLE: TRACE OIL, MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: FROMHOLTZ 1-14 DST1

TIME ON: 02:01
TIME OFF: 08:09

Company NEW GULF OPERATING LLC. Lease & Well No. FROMHOLTZ 1-14
Contractor VAL 4 Charge to NEW GULF OPERATING LLC.
Elevation 3001 KB Formation LKC"H" Effective Pay _____ Ft. Ticket No. A032
Date 3-29-14 Sec. 14 Twp. _____ 12 S Range _____ 32 W County LOGAN State KANSAS
Test Approved By JOHN GOLDSMITH Diamond Representative ANDY CARREIRA

Formation Test No. 1 Interval Tested from 4158 ft. to 4200 ft. Total Depth 4200 ft.
Packer Depth 4153 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 4158 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____
Top Recorder Depth (Inside) 4139 ft. Recorder Number 5585 Cap. 5,000 P.S.I.
Bottom Recorder Depth (Outside) 4160 ft. Recorder Number 8471 Cap. 10000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 52 Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight 9.1 Water Loss 8.0 cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides 2400 P.P.M. Drill Pipe Length 4125 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number 09 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 42 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: BLOW DIED IN 3 MIN. (NObb)
2nd Open: NO BLOW (NObb)

Recovered <u>5</u> ft. of <u>MUD</u>	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
TOOL SAMPLE: <u>TRACE OIL, MUD</u>	Total

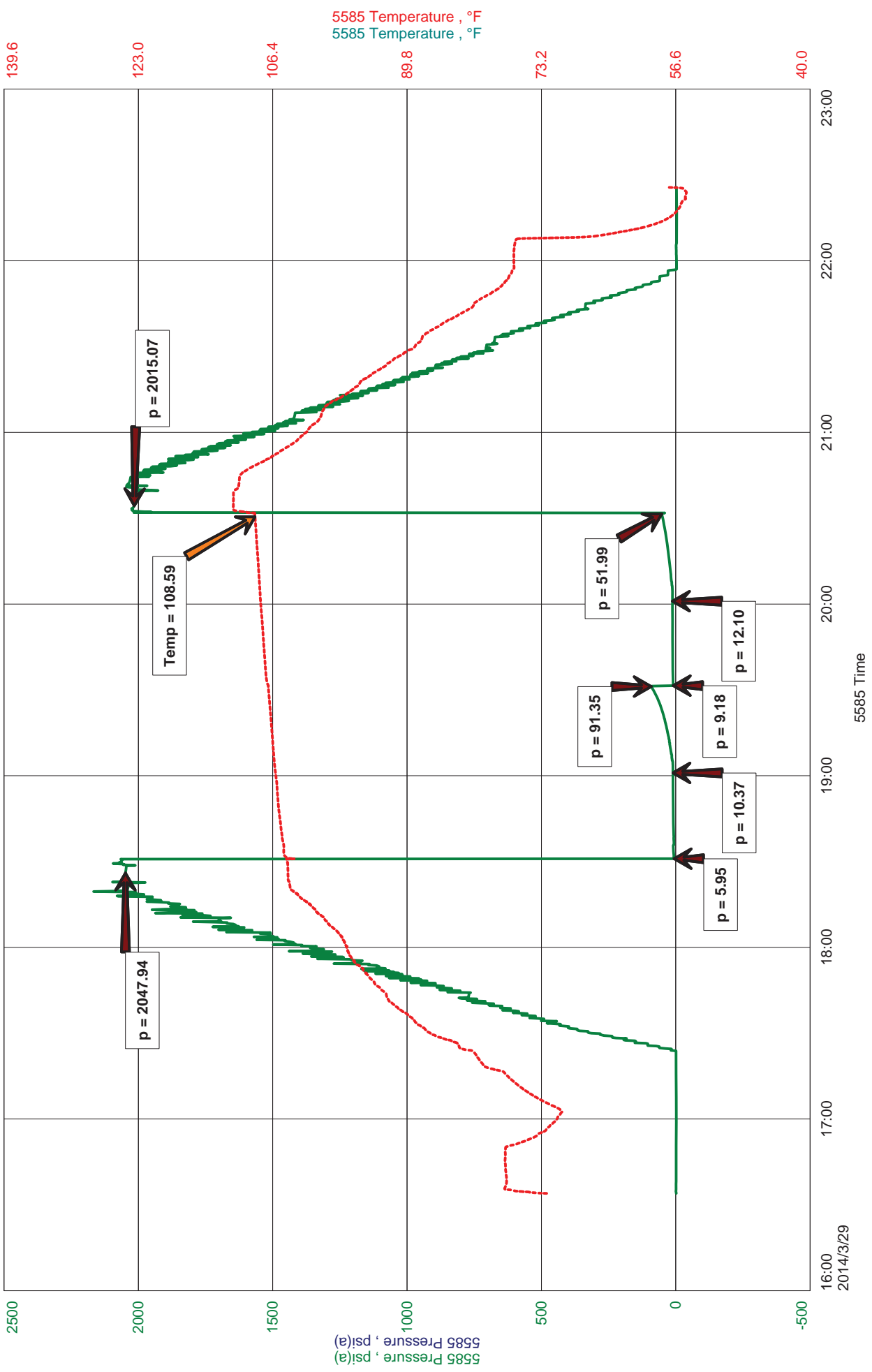
Time Set Packer(s) 4:02 AM A.M. P.M. Time Started Off Bottom 6:02 AM A.M. P.M. Maximum Temperature 113
Initial Hydrostatic Pressure..... (A) 2028 P.S.I.
Initial Flow Period..... Minutes 30 (B) 7 P.S.I. to (C) 12 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 1222 P.S.I.
Final Flow Period..... Minutes 30 (E) 13 P.S.I. to (F) 17 P.S.I.
Final Closed In Period..... Minutes 30 (G) 1184 P.S.I.
Final Hydrostatic Pressure..... (H) 2003 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 LLC
DST2 LKC" 4198-4228
Start Test Date: 2014/03/29
Final Test Date: 2014/03/29

FROMHOLTZ 1-14
Formation: DST2 LKC" 4198-4228
Pool: WILDCAT
Job Number: A033

FROMHOLTZ 1-14



DIAMOND TESTING, LLC

TESTER : ANDY CARREIRA
CELL # 620-617-7202

General Information

Company Name	NEW GULF OPERATING LLC	Contact	JIM HENKLE	Job Number	A033
Well Name	FROMHOLTZ 1-14	Well Operator	NEW GULF OPERATING LLC	Representative	ANDY CARREIRA
Unique Well ID	DST2 LKC"I" 4198-4228	Report Date	2014/03/29	Well Operator	NEW GULF OPERATING LLC
Surface Location	SEC 14-12S-32W LOGAN CNTY, KS	Prepared By	ANDY CARREIRA	Report Date	2014/03/29
Well License Number		Field	WILDCAT		
Well Type	Vertical				

Test Information

Test Type	CONVENTIONAL
Formation	DST2 LKC"I" 4198-4228
Well Fluid Type	01 Oil
Test Purpose	Initial Test

Start Test Date	2014/03/29	Start Test Time	16:34:00
Final Test Date	2014/03/29	Final Test Time	22:26:00

Gauge Name	5585
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Test Results

RECOVERY: 3' OSM

TOOL SAMPLE: 3% OIL, 97% MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: FROMHOLTZ 1-14 DST2

TIME ON: 16:34
TIME OFF: 22:26

Company NEW GULF OPERATING LLC. Lease & Well No. FROMHOLTZ 1-14
Contractor VAL 4 Charge to NEW GULF OPERATING LLC.
Elevation 3001 KB Formation LKC "I" Effective Pay _____ Ft. Ticket No. A033
Date 3-29-14 Sec. 14 Twp. _____ 12 S Range _____ 32 W County LOGAN State KANSAS
Test Approved By JOHN GOLDSMITH Diamond Representative ANDY CARREIRA

Formation Test No. 2 Interval Tested from 4198 ft. to 4228 ft. Total Depth 4228 ft.
Packer Depth 4193 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 4198 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4179 ft. Recorder Number 5585 Cap. 5,000 P.S.I.
Bottom Recorder Depth (Outside) 4200 ft. Recorder Number 8471 Cap. 10000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 49 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9.2 Water Loss 8.8 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 3000 P.P.M. Drill Pipe Length 4165 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number 09 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 30 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: BLOW DIED IN 3 MIN. (NObb)
2nd Open: NO BLOW (NObb)

Recovered <u>3</u> ft. of <u>OSM</u>	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
TOOL SAMPLE: <u>3% OIL, 97% MUD</u>	Total

Time Set Packer(s) 6:32 PM A.M. P.M. Time Started Off Bottom 8:32 PM A.M. P.M. Maximum Temperature 109

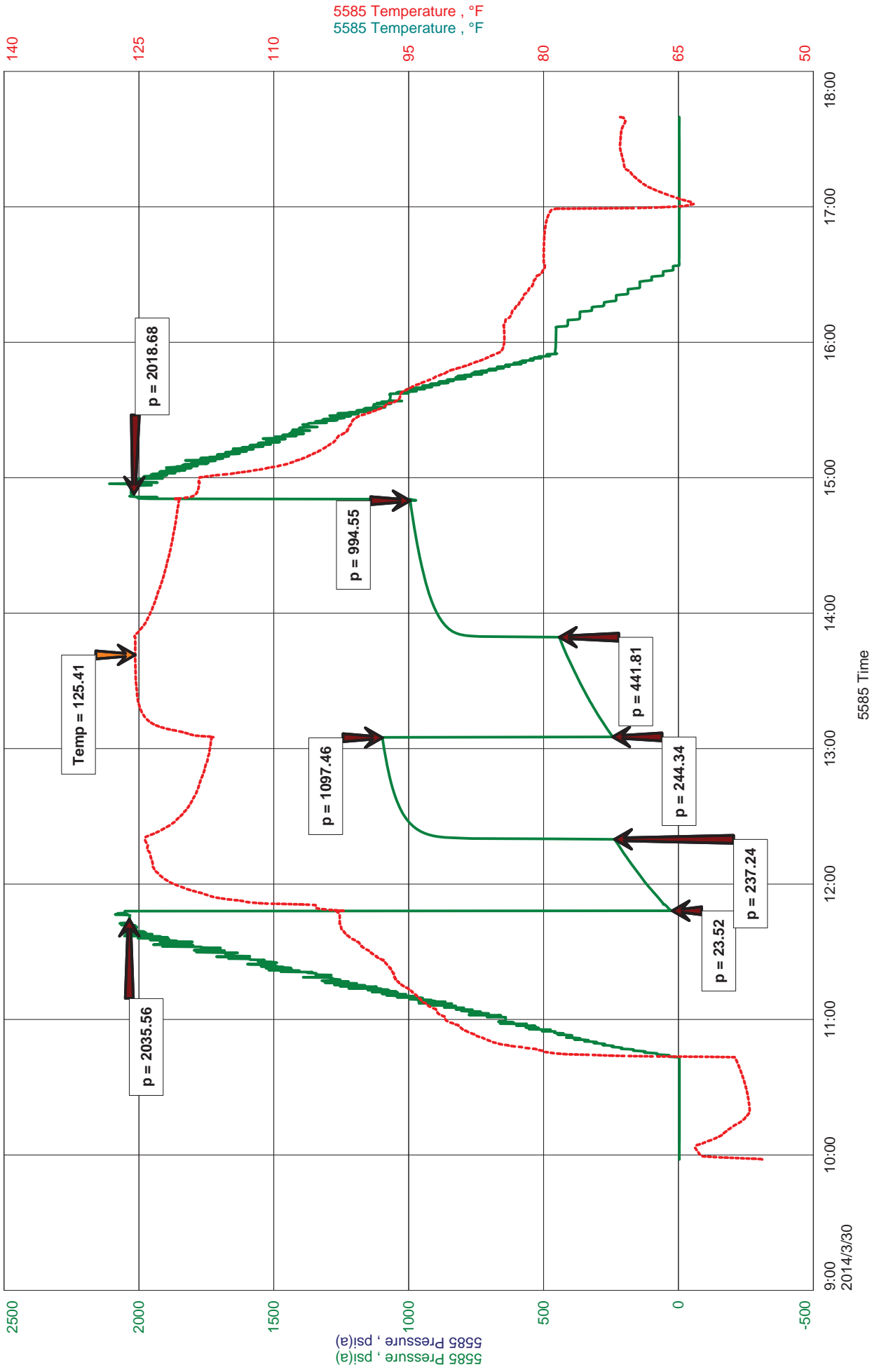
Initial Hydrostatic Pressure..... (A) 2048 P.S.I.
Initial Flow Period..... Minutes 30 (B) 6 P.S.I. to (C) 10 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 91 P.S.I.
Final Flow Period..... Minutes 30 (E) 9 P.S.I. to (F) 12 P.S.I.
Final Closed In Period..... Minutes 30 (G) 52 P.S.I.
Final Hydrostatic Pressure..... (H) 2015 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 LLC
DST3 LKC"J,K" 4226-4284
Start Test Date: 2014/03/30
Final Test Date: 2014/03/30

FROMHOLTZ 1-14
Formation: DST3 LKC"J,K" 4226-4284
Pool: WILDCAT
Job Number: A034

FROMHOLTZ 1-14





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: FROMHOLTZ 1-14 DST3

TIME ON: 09:58
TIME OFF: 17:40

Company NEW GULF OPERATING LLC. Lease & Well No. FROMHOLTZ 1-14
Contractor VAL 4 Charge to NEW GULF OPERATING LLC.
Elevation 3001 KB Formation LKC "J,K" Effective Pay _____ Ft. Ticket No. A034
Date 3-30-14 Sec. 14 Twp. _____ 12 S Range _____ 32 W County LOGAN State KANSAS
Test Approved By JOHN GOLDSMITH Diamond Representative ANDY CARREIRA

Formation Test No. 3 Interval Tested from 4226 ft. to 4284 ft. Total Depth 4284 ft.
Packer Depth 4221 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 422 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4205 ft. Recorder Number 5585 Cap. 5,000 P.S.I.
Bottom Recorder Depth (Outside) 4228 ft. Recorder Number 8471 Cap. 10000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 49 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9.2 Water Loss 8.8 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 3000 P.P.M. Drill Pipe Length 4193 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number 09 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 58 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: BOB IN 6 MIN. (NObb)
2nd Open: BOB IN 9 MIN. (NObb)

Recovered 189 ft. of OSGMW 5%G, TRACE OIL, 91%W, 4%M
Recovered 819 ft. of GMW 3%G, 95%W, 2%M
Recovered 1008 ft. of TOTAL FLUID CHLORIDES: 58000

Recovered _____ ft. of _____ Ph: 7

Recovered _____ ft. of _____ RW: .12 @ 77

Recovered _____ ft. of _____

Remarks: _____

TOOL SAMPLE: 3% OIL, 97% WATER

Time Set Packer(s) 11:50 AM A.M. P.M. Time Started Off Bottom 2:50 PM A.M. P.M. Maximum Temperature 125

Initial Hydrostatic Pressure..... (A) 2036 P.S.I.
Initial Flow Period..... Minutes 30 (B) 24 P.S.I. to (C) 237 P.S.I.
Initial Closed In Period..... Minutes 45 (D) 1098 P.S.I.
Final Flow Period..... Minutes 45 (E) 244 P.S.I. to (F) 442 P.S.I.
Final Closed In Period..... Minutes 60 (G) 995 P.S.I.
Final Hydrostatic Pressure..... (H) 2019 P.S.I.

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DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: FROMHOLTZ 1-14 DST3

TIME ON: 09:58
TIME OFF: 17:40

Company NEW GULF OPERATING LLC. Lease & Well No. FROMHOLTZ 1-14
Contractor VAL 4 Charge to NEW GULF OPERATING LLC.
Elevation 3001 KB Formation LKC "J,K" Effective Pay _____ Ft. Ticket No. A034
Date 3-30-14 Sec. 14 Twp. _____ 12 S Range _____ 32 W County LOGAN State KANSAS
Test Approved By JOHN GOLDSMITH Diamond Representative ANDY CARREIRA

Formation Test No. 3 Interval Tested from 4226 ft. to 4284 ft. Total Depth 4284 ft.
Packer Depth 4221 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 422 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4205 ft. Recorder Number 5585 Cap. 5,000 P.S.I.
Bottom Recorder Depth (Outside) 4228 ft. Recorder Number 8471 Cap. 10000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 49 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9.2 Water Loss 8.8 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 3000 P.P.M. Drill Pipe Length 4193 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number 09 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 58 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: BOB IN 6 MIN. (NObb)
2nd Open: BOB IN 9 MIN. (NObb)

Recovered 189 ft. of OSGMW 5%G, TRACE OIL, 91%W, 4%M
Recovered 819 ft. of GMW 3%G, 95%W, 2%M
Recovered 1008 ft. of TOTAL FLUID CHLORIDES: 58000

Recovered _____ ft. of _____ Ph: 7

Recovered _____ ft. of _____ RW: .12 @ 77

Recovered _____ ft. of _____

Remarks: _____

TOOL SAMPLE: 3% OIL, 97% WATER

Time Set Packer(s) 11:50 AM A.M. P.M. Time Started Off Bottom 2:50 PM A.M. P.M. Maximum Temperature 125

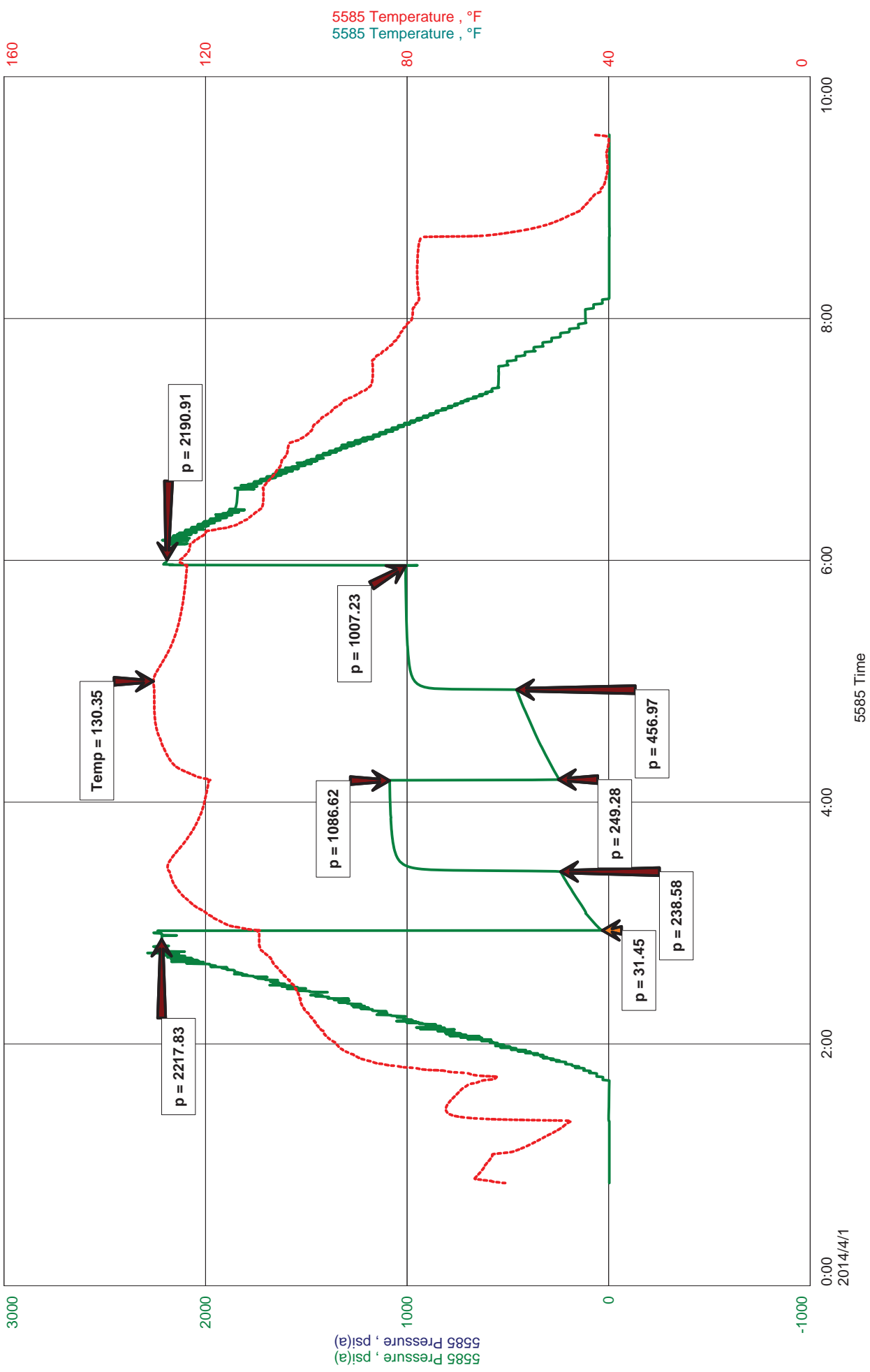
Initial Hydrostatic Pressure..... (A) 2036 P.S.I.
Initial Flow Period..... Minutes 30 (B) 24 P.S.I. to (C) 237 P.S.I.
Initial Closed In Period..... Minutes 45 (D) 1098 P.S.I.
Final Flow Period..... Minutes 45 (E) 244 P.S.I. to (F) 442 P.S.I.
Final Closed In Period..... Minutes 60 (G) 995 P.S.I.
Final Hydrostatic Pressure..... (H) 2019 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 LLC
DST4 "JOHNSON" 4534-4598
Start Test Date: 2014/04/01
Final Test Date: 2014/04/01

FROMHOLTZ 1-14
Formation: DST4 "JOHNSON" 4534-4598
Pool: WILDCAT
Job Number: A035

FROMHOLTZ 1-14



DIAMOND TESTING, LLC

TESTER : ANDY CARREIRA
CELL # 620-617-7202

General Information

Company Name	NEW GULF OPERATING LLC	Job Number	A035
Contact	JIM HENKLE	Representative	ANDY CARREIRA
Well Name	FROMHOLTZ 1-14	Well Operator	NEW GULF OPERATING LLC
Unique Well ID	DST4 "JOHNSON" 4534-4598	Report Date	2014/04/01
Surface Location	SEC 14-12S-32W LOGAN CNTY,KS	Prepared By	ANDY CARREIRA
Well License Number			
Field	WILDCAT		
Well Type	Vertical		

Test Information

Test Type	CONVENTIONAL
Formation	DST4 "JOHNSON" 4534-4598
Well Fluid Type	01 Oil
Test Purpose	Initial Test

Start Test Date	2014/04/01	Start Test Time	00:51:00
Final Test Date	2014/04/01	Final Test Time	09:31:00

Gauge Name	5585
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Test Results

RECOVERY: 910' GIP
640' GO 20%G,80%O
189' MCGO 15%G,55%O,30%M
252' SMCGO 15%G,70%O,15%M
126' MCGO 15%G,40%O,45%M
1207' TOTAL FLUID GRAVITY: 26 @ 60

TOOL SAMPLE: 100% OIL



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: FROMHOLTZ 1-14 DST4

TIME ON: 00:51
TIME OFF: 09:31

Company NEW GULF OPERATING LLC. Lease & Well No. FROMHOLTZ 1-14
Contractor VAL 4 Charge to NEW GULF OPERATING LLC.
Elevation 3001 KB Formation JOHNSON Effective Pay _____ Ft. Ticket No. A035
Date 4-1-14 Sec. 14 Twp. _____ 12 S Range _____ 32 W County LOGAN State KANSAS
Test Approved By JOHN GOLDSMITH Diamond Representative ANDY CARREIRA

Formation Test No. 4 Interval Tested from 4534 ft. to 4598 ft. Total Depth 4598 ft.
Packer Depth 4529 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 4534 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4520 ft. Recorder Number 5585 Cap. 5,000 P.S.I.
Bottom Recorder Depth (Outside) 4536 ft. Recorder Number 8471 Cap. 10000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 67 Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight 9.2 Water Loss 8.0 cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides 3000 P.P.M. Drill Pipe Length 4501 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number 09 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 64 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: BOB IN 4 MIN. (BOBbb IN 40 MIN.)
2nd Open: BOB IMMEDIATELY (BOBbb IN 28 MIN.)

Recovered <u>910</u> ft. of <u>GIP</u>	
Recovered <u>640</u> ft. of <u>GO 20%G,80%O</u>	
Recovered <u>189</u> ft. of <u>MCGO 15%G,55%O,30%M</u>	
Recovered <u>252</u> ft. of <u>SMCGO 15%G,70%O,15%M</u>	
Recovered <u>126</u> ft. of <u>MCGO 15%G,40%O,45%M</u>	Price Job
Recovered <u>1207</u> ft. of <u>TOTAL FLUID GRAVITY: 26 @ 60</u>	Other Charges
Remarks: _____	Insurance
<u>TOOL SAMPLE: 100% OIL</u>	Total

Time Set Packer(s) 2:56 AM A.M. P.M. Time Started Off Bottom 5:56 AM A.M. P.M. Maximum Temperature 130

Initial Hydrostatic Pressure..... (A) 2218 P.S.I.
Initial Flow Period..... Minutes 30 (B) 31 P.S.I. to (C) 239 P.S.I.
Initial Closed In Period..... Minutes 45 (D) 1087 P.S.I.
Final Flow Period..... Minutes 45 (E) 249 P.S.I. to (F) 457 P.S.I.
Final Closed In Period..... Minutes 60 (G) 1007 P.S.I.
Final Hydrostatic Pressure..... (H) 2191 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

267151

TICKET NUMBER 47614
LOCATION OAKLEY KS.
FOREMAN DAMON M.
DARREN R.
WALTD.

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
4-2-14	5661	FROMHOLTZ #1	14	12	32	LOGAN
CUSTOMER NEW BULL OPERATING			OAKLEY 75 E SIDE			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			399	MIKER.		
STATE			397	JEFF C.		
ZIP CODE			530 T-129	DALE		

JOB TYPE 2-STAGE HOLE SIZE 7 7/8 HOLE DEPTH 4720' CASING SIZE & WEIGHT 5 1/2 #15.5
CASING DEPTH 4719' DRILL PIPE _____ TUBING _____ OTHER DV 2554
SLURRY WEIGHT 14.2/12.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING SHOE 42.07
DISPLACEMENT 111.31/ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting rig up on VAL #4 Run float equipment center.
on #1, 2, 3, 6, 9, 12, 15, 18, 60, 62 BASKET ON #61 1/2 way DV ON #61 @ 2554
CIRC ON BOTTOM FOR 1HR then PUMP 5 BBL OF H2O 500 GAL OF MUD FLUSH 5 BBL
OF H2O MIX 200 SKS OWC #5 KOLSEAL SHUT DOWN CLEAN PUMP & LINES THEN
PUMP 50 BBL OF H2O THEN 61 BBL OF MUD left was #750 LAND PLUG @ #1500
RELEASED PRESSURE float held waited for 3HRS Pumped 400 SKS 60/40 B206CL
#14 PLO DOWN HOLE SHUT DOWN WASHED PUMP & LINES DISPLACED 5 1/2
BBL OF H2O left was #750 LANDED PLUG @ #1500 RELEASED
PRESSURE float held. WASHED UP & RIGGED DOWN
RH 30 SKS MH 20 SKS THANK YOU DAMON & 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	5.25	52.50
5407A	28.75 tons	TON MILEAGE DELIVERY	1.75	503.20
1126	200 SKS	OWC	23.70	4740.00
1110A	#1000	KOLSEAL	.56	560.00
1131	450 SKS	60/40 P02	15.86	7137.00
1118B	#3096	BENBONITE	.27	835.92
1107	#113	FLOSEAL	2.97	335.61
1144B	500 GAL	MUDFLUSH	1.00	500.00
4159	1	5 1/2 APUL FLOAT SHOE (W)	433.75	433.75
4130	10	5 1/2 CENTRALIZERS (W)	61.00	610.00
4104	1	5 1/2 BASKET (W)	290.00	290.00
4283	1	5 1/2 DV TOOL (W) # 2019527	4900.00	4900.00
4454	1	5 1/2 LATCHDOWN PLUG ASSY (W)	567.00	567.00
1111	#100	SALT	N/C	N/C
			SUBTOTAL	24639.98
			LESS 10%	22175.98
			SUBTOTAL	22175.98
			SALES TAX	1439.61
			ESTIMATED TOTAL	23615.59

completed

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.