



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1211984
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: _____

1211984

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	Byron 3-32
Doc ID	1211984

Tops

Name	Top	Datum
Anhydrite	645	2374
Base Anhydrite	628	2391
Heebner	-810	3829
Lansing	-860	3879
Muncie Creek	-1023	4042
Stark	-1113	4132
Marmaton	-1245	4264
Altamont	-1258	4277
Pawnee	-1332	4351
Ft Scott	-1381	4400
Cherokee	-1409	4428
Johnson	-1453	4472
Morrow Sand	-1545	4564
Mississippi	-1577	4596

DIAMOND TESTING

General Information Report

General Information

Company Name NEW GULF OPERATING, LLC
Contact JIM HENKLE
Well Name BYRON #3-32
Unique Well ID DST #2, FT. SCOTT, 4354-4428
Surface Location SEC 32-14S-34W, LOGAN CO. KS.
Field WILDCAT
Well Type Vertical
Test Type CONVENTIONAL
Formation DST #2, FT. SCOTT, 4354-4428
Well Fluid Type 01 Oil

Representative TIM VENTERS
Well Operator NEW GULF OPERATING, LLC
Report Date 2014/05/20
Prepared By TIM VENTERS
Qualified By JOHN GOLDSMITH

Start Test Date 2014/05/20
Final Test Date 2014/05/20

Start Test Time 11:09:00
Final Test Time 17:39:00

Test Recovery:

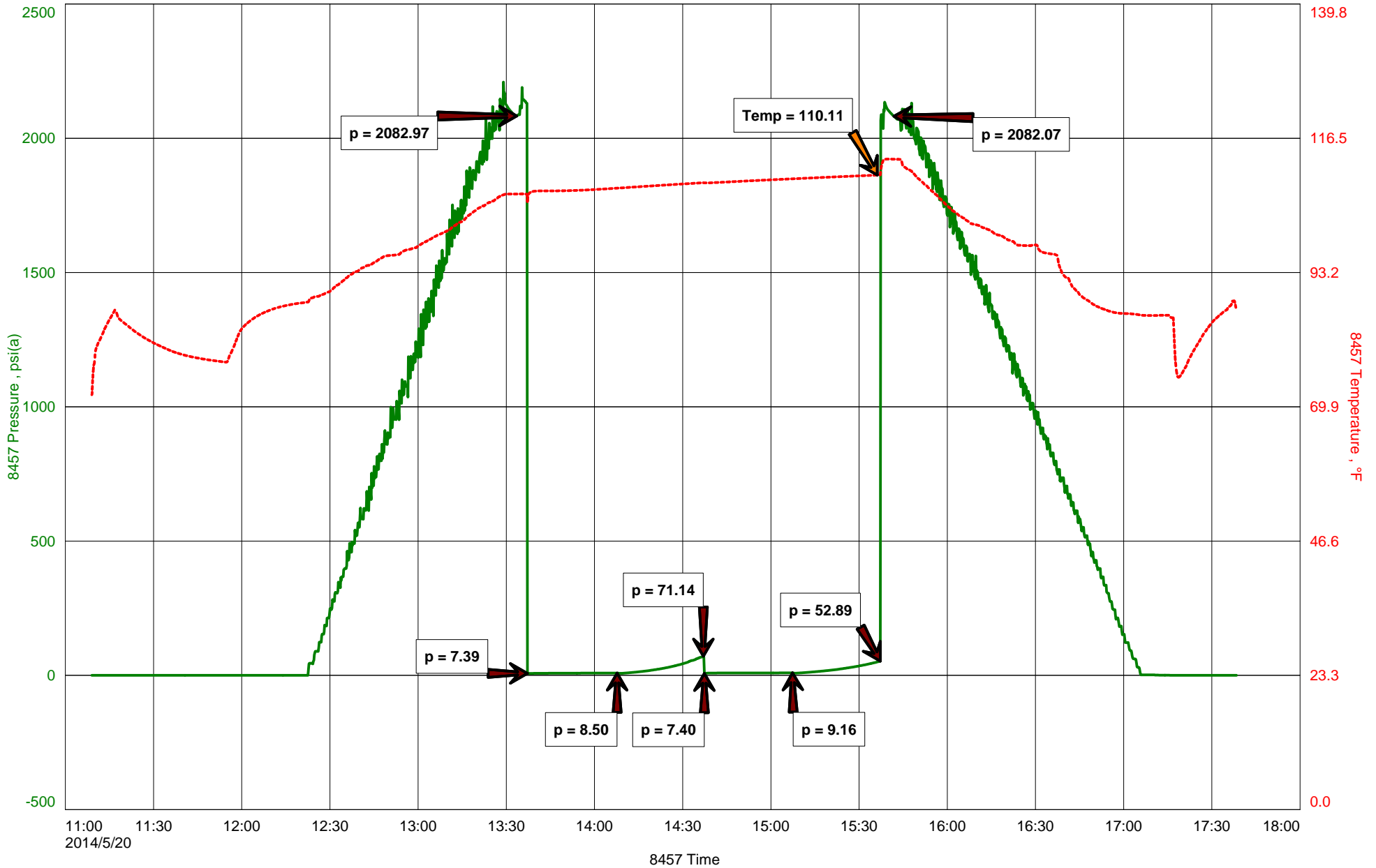
RECOVERED: 10' MUD

TOOL SAMPLE: 100% MUD

NEW GULF OPERATING, LLC
DST #2, FT. SCOTT, 4354-4428
Start Test Date: 2014/05/20
Final Test Date: 2014/05/20

BYRON #3-32
Formation: DST #2, FT. SCOTT, 4354-4428
Pool: WILDCAT
Job Number: T349

BYRON #3-32





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: BYRON3-32DST2

TIME ON: 11:09
TIME OFF: 17:39

Company NEW GULF OPERATING, LLC Lease & Well No. BYRON #3-32
Contractor VAL ENERGY, INC. RIG #4 Charge to NEW GULF OPERATING, LLC
Elevation 3019 KB Formation FT. SCOTT Effective Pay _____ Ft. Ticket No. T349
Date 5-20-14 Sec. 32 Twp. 14 S Range 34 W County LOGAN State KANSAS
Test Approved By JOHN GOLDSMITH Diamond Representative TIMOTHY T. VENTERS

Formation Test No. 2 Interval Tested from 4354 ft. to 4428 ft. Total Depth 4428 ft.
Packer Depth 4349 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 4354 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____
Top Recorder Depth (Inside) 4335 ft. Recorder Number 8457 Cap. 10,000 P.S.I.
Bottom Recorder Depth (Outside) 4425 ft. Recorder Number 11029 Cap. 5,025 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 49 Drill Collar Length 29 ft. I.D. 2 1/4 in.
Weight 9.2 Water Loss 8.0 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 5,000 P.P.M. Drill Pipe Length 4292 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 43 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: VERY WEAK SURFACE BLOW LASTING 22 MIN. (NO BB)
2nd Open: NO BLOW THROUGHOUT PERIOD. (NO BB)

Recovered <u>10</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>100% MUD</u>	Total

Time Set Packer(s) 1:36 PM ^{A.M.}/_{P.M.} Time Started Off Bottom 3:36 PM ^{A.M.}/_{P.M.} Maximum Temperature 110 deg.
Initial Hydrostatic Pressure..... (A) 2083 P.S.I.
Initial Flow Period..... Minutes 30 (B) 7 P.S.I. to (C) 9 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 71 P.S.I.
Final Flow Period..... Minutes 30 (E) 7 P.S.I. to (F) 9 P.S.I.
Final Closed In Period..... Minutes 30 (G) 53 P.S.I.
Final Hydrostatic Pressure..... (H) 2082 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 JIM HENKLE
Well Name BYRON #3-32
Unique Well ID DST #1, ALTAMONT, 4266-4343
Surface Location SEC 32-14S-34W, LOGAN CO. KS.
Field WILDCAT
Well Type Vertical
Test Type CONVENTIONAL
Formation DST #1, ALTAMONT, 4266-4343
Well Fluid Type 01 Oil

Start Test Date 2014/05/19
Final Test Date 2014/05/19

Representative TIM VENTERS
Well Operator NEW GULF OPERATING, LLC
Report Date 2014/05/19
Prepared By TIM VENTERS
Qualified By JOHN GOLDSMITH

Start Test Time 14:55:00
Final Test Time 21:52:00

Test Recovery:

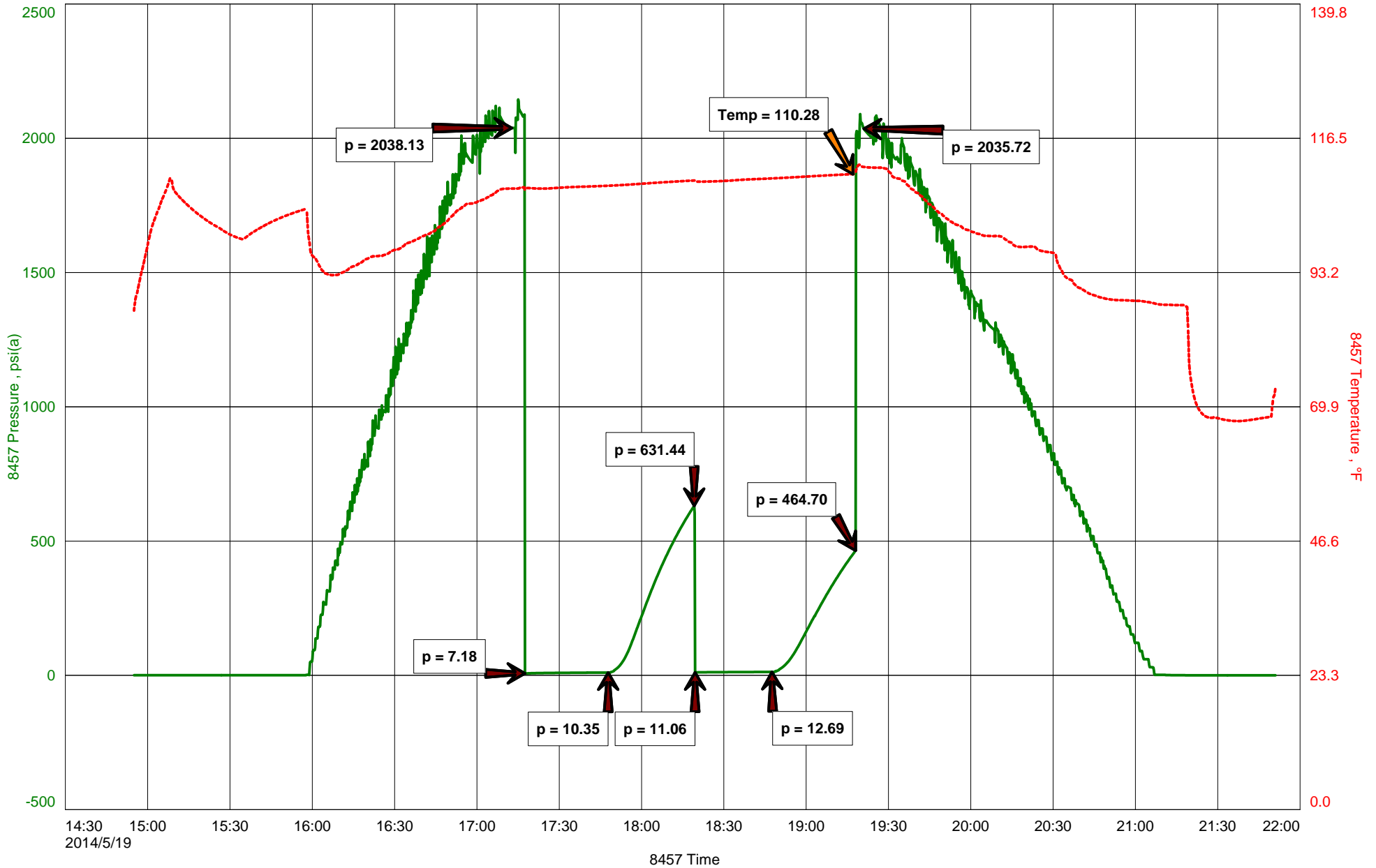
RECOVERED: 10' MUD

TOOL SAMPLE: 100% MUD

NEW GULF OPERATING, LLC
DST #1, ALTAMONT, 4266-4343
Start Test Date: 2014/05/19
Final Test Date: 2014/05/19

BYRON #3-32
Formation: DST #1, ALTAMONT, 4266-4343
Pool: WILDCAT
Job Number: T348

BYRON #3-32





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: BYRON3-32DST1

TIME ON: 14:55
TIME OFF: 21:52

Company NEW GULF OPERATING, LLC Lease & Well No. BYRON #3-32
Contractor VAL ENERGY, INC. RIG #4 Charge to NEW GULF OPERATING, LLC
Elevation 3019 KB Formation ALTAMONT Effective Pay _____ Ft. Ticket No. T348
Date 5-19-14 Sec. 32 Twp. 14 S Range 34 W County LOGAN State KANSAS
Test Approved By JOHN GOLDSMITH Diamond Representative TIMOTHY T. VENTERS

Formation Test No. 1 Interval Tested from 4266 ft. to 4343 ft. Total Depth 4343 ft.
Packer Depth 4261 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 4266 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____
Top Recorder Depth (Inside) 4247 ft. Recorder Number 8457 Cap. 10,000 P.S.I.
Bottom Recorder Depth (Outside) 4340 ft. Recorder Number 11029 Cap. 5,025 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 52 Drill Collar Length 29 ft. I.D. 2 1/4 in.
Weight 9.3 Water Loss 8.8 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 4,400 P.P.M. Drill Pipe Length 4204 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 45 ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. ^{32' DP IN ANCHOR} Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: VERY WEAK SURFACE BLOW LASTING 4 MIN. (NO BB)
2nd Open: NO BLOW THROUGHOUT PERIOD. (NO BB)

Recovered <u>10</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>100% MUD</u>	Total

Time Set Packer(s) 5:17 PM ^{A.M.}/_{P.M.} Time Started Off Bottom 7:17 PM ^{A.M.}/_{P.M.} Maximum Temperature 110 deg.
Initial Hydrostatic Pressure..... (A) 2038 P.S.I.
Initial Flow Period..... Minutes 30 (B) 7 P.S.I. to (C) 10 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 631 P.S.I.
Final Flow Period..... Minutes 30 (E) 11 P.S.I. to (F) 13 P.S.I.
Final Closed In Period..... Minutes 30 (G) 465 P.S.I.
Final Hydrostatic Pressure..... (H) 2036 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 JIM HENKLE
Well Name BYRON #3-32
Unique Well ID DST #3, CHER./JOHN., 4430-4504
Surface Location SEC 32-14S-34W, LOGAN CO. KS.
Field WILDCAT
Well Type Vertical
Test Type CONVENTIONAL
Formation DST #3, CHER./JOHN., 4430-4504
Well Fluid Type 01 Oil

Representative TIM VENTERS
Well Operator NEW GULF OPERATING, LLC
Report Date 2014/05/21
Prepared By TIM VENTERS
Qualified By JOHN GOLDSMITH

Start Test Date 2014/05/21
Final Test Date 2014/05/21

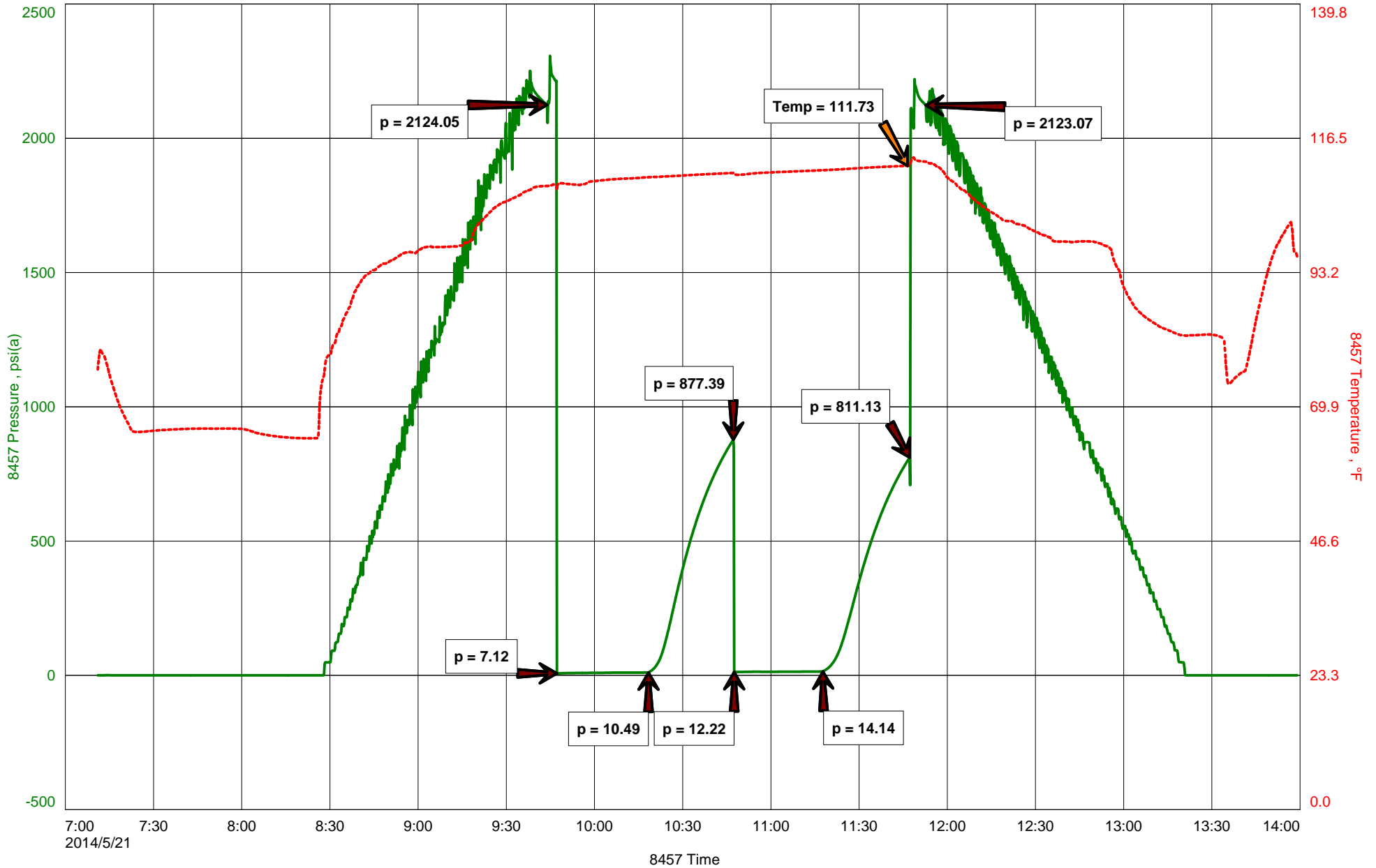
Start Test Time 07:11:00
Final Test Time 14:00:00

Test Recovery:

RECOVERED: 20' M W/SP. O, SPOTTY OIL, 100% MUD

TOOL SAMPLE: SPOTTY OIL, 100% MUD

BYRON #3-32





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: BYRON3-32DST3

TIME ON: 07:11
TIME OFF: 14:00

Company NEW GULF OPERATING, LLC Lease & Well No. BYRON #3-32
Contractor VAL ENERGY, INC. RIG #4 Charge to NEW GULF OPERATING, LLC
Elevation 3019 KB Formation CHEROKEE/JOHNSON Effective Pay _____ Ft. Ticket No. T350
Date 5-21-14 Sec. 32 Twp. _____ 14 S Range _____ 34 W County LOGAN State KANSAS
Test Approved By JOHN GOLDSMITH Diamond Representative TIMOTHY T. VENTERS

Formation Test No. 3 Interval Tested from 4430 ft. to 4504 ft. Total Depth 4504 ft.
Packer Depth 4425 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 4430 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____
Top Recorder Depth (Inside) 4411 ft. Recorder Number 8457 Cap. 10,000 P.S.I.
Bottom Recorder Depth (Outside) 4501 ft. Recorder Number 11029 Cap. 5,025 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 51 Drill Collar Length 29 ft. I.D. 2 1/4 in.
Weight 9.3 Water Loss 8.8 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 6,000 P.P.M. Drill Pipe Length 4368 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 43 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 SURFACE BLOW THROUGHOUT PERIOD (NO BB)
2nd Open: VERY WEAK SURFACE BLOW LASTING 3 MIN. (NO BB)

Recovered <u>20</u> ft. of <u>M W/SP. O, SPOTTY OIL, 100% 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>SPOTTY OIL, 100% MUD</u>	Total

Time Set Packer(s) 9:46 AM A.M. P.M. Time Started Off Bottom 11:46 AM A.M. P.M. Maximum Temperature 112 deg.
Initial Hydrostatic Pressure..... (A) 2124 P.S.I.
Initial Flow Period..... Minutes 30 (B) 7 P.S.I. to (C) 10 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 877 P.S.I.
Final Flow Period..... Minutes 30 (E) 12 P.S.I. to (F) 14 P.S.I.
Final Closed In Period..... Minutes 30 (G) 811 P.S.I.
Final Hydrostatic Pressure..... (H) 2123 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

268143

TICKET NUMBER 46947

LOCATION Oakley Co.

FOREMAN Damen

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
5/13/14	5061	Byron 3-32	32	14	34	Logan
CUSTOMER New Galf Operating			Russell Springs			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			399	Jordan		
STATE			397	Steven		
ZIP CODE						

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 268 CASING SIZE & WEIGHT 8 7/8 24"
 CASING DEPTH 264 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.36 WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 15.54 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting Rig up on Val #4 Run casing Break Circulation with Rig Pump Hook up to pump truck mix 200 sks Cem 3% CC 2% Gel Displace with 15.54 bbl water Washup Pump + Lines Shut in Rig Down
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
5407A	9.4	Ton Mileage Delivery	\$ 70.00	\$ 658.00
11045	200 sks	Class 'A' Cement	\$ 18.55	\$ 3710.00
1102	564	Calcium Chloride	\$.94	\$ 530.16
1118B	376	Bentonite	\$.27	\$ 101.52
			SubTotal	\$ 6359.68
			Less 10%	\$ 635.97
			SubTotal	\$ 5723.71
			SALES TAX	298.94
			ESTIMATED TOTAL	6022.65

completed

Revin 3737

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

268414

TICKET NUMBER 46956
LOCATION Oakley, Ks.
FOREMAN Darren

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
5/22/14	5661	Byron 3-32	32	14	34	Logan
CUSTOMER New Gulf Operating			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			399	Steven		
CITY			566	Jeff		
STATE						
ZIP CODE						

Russell Springs
E side
Sto Gob
Rd 134E
To Rig

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 2380 TUBING _____ OTHER _____
 SLURRY WEIGHT 12.5 To 13 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____
 REMARKS: Safety Meeting Rig up on Val #4 Plug as ordered.

2380' - 50SKS
1310' - 100SKS
775' - 50SKS 265 SKS 60/40 4% Gel 1/4 Floseal
40' - 20SKS
Plug Mousehole 15SKS
Plug Rathole 30SKS

Thanks Darren & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	\$1395.00	\$1395.00
5406	40	MILEAGE	\$5.25	\$210.00
5407A	11.4	Ton Mileage Delivery	\$1.75	\$198.00
1131	265 SKS	60/40 Poz mix	\$15.86	\$4202.90
1118B	912*	Bentonite	\$.27	\$246.24
1107	66*	Floseal	\$2.97	\$196.02
			Sub Total	\$7048.16
			Less 10%	\$704.82
			Sub Total	\$6343.34
			SALES TAX	319.82
			ESTIMATED TOTAL	6663.16

completed

Ravin 9737

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.