



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1215080
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: _____

1215080

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	Baker 1-33
Doc ID	1215080

Tops

Name	Top	Datum
Heebner Shale		
Lansing		
Stark Shale		
Hushpuckney		
Base of KC		
Marmaton		
Pawnee		
Little Osage Shale		
Excello Shale		
Cherokee Shale		
Johnson		
Morrow		
Mississippi		



CONSOLIDATED
Oil Well Services, LLC

268769

TICKET NUMBER 46985
LOCATION Oakley, KS
FOREMAN Dane Retzlaff

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
8-14	5661	Paker # 1-33	33	14s	34w	Logan, KS
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
New Gulf Operating			399	Jeremy		
MAILING ADDRESS			460	Iake		
CITY			530	Steven		
STATE				Walt		
ZIP CODE						

JOB TYPE A Stage HOLE SIZE 7 7/8 HOLE DEPTH 4780 CASING SIZE & WEIGHT 5 1/2 15.5 LBS
CASING DEPTH 4786 DRILL PIPE 4.5 TUBING _____ OTHER _____
SLURRY WEIGHT 16.2 / 12.5 SLURRY VOL 1.36 / 1.76 WATER gal/sk 6.97 / 9.28 CEMENT LEFT in CASING 19.60
DISPLACEMENT 112.44 / 59.28 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Val rig 4th. Rig up. Run float equipment. Cuts on 1, 2, 3, 6, 9, 12, 15, 18, 23, 25. Basket half way down on 54. DV Tool on 54. Circulate on bottom for 1 hr. Pump 5 ahead mix mudflush pump 5 behind. Mix 200 sks of OWS 5th Kol seal. Shut down. Release plug. Wash pump & lines. Displace 116 BBLs of water and mud. Lift pressure 1000 psi landed at 1500. Plug held. Wait 3 hrs. Opened Tool at 800 psi. Mix 450 sks. Shut down. Wash pump & lines. Release plug. Displace 53 1/2 BBLs of water. Lift was 1000 psi landed at 1600 psi. Held. Rig down. 15 BBLs to pit.

Thanks Dane & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3175.00	3175.00
5406	40	MILEAGE	5.25	210.00
5407a	28.75	Ten mileage Delivery	1.75	2012.50
1126	200 sks	OWS Cement	23.70	4740.00
1100	1000	Kol seal	.56	560.00
1131	450 sks	60/40 Poz mix	15.86	7137.00
1118B	3096	Restonite	.27	835.92
1107	113	Fla Seal	2.97	335.61
1144B	500 gal	Mudflush	1.00	500.00
4159	1	5 1/2 AFV float shoe	43.75	43.75
4130	10	3/4 centralizers	61.00	610.00
4104	1	5 1/2 Basket	390.00	390.00
4283	1	5 1/2 DV Tool	4900.00	4900.00
4454	1	5 1/2 Latchdown Plug Assy	567.00	567.00
			Sub	26306.78
			less 10%	23676.10
			Sub	23676.10
			SALES TAX	1439.61
			ESTIMATED TOTAL	25115.71

Ravin 3737

AUTHORIZATION [Signature] TITLE Production Foreman DATE 6-18-2014

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.

DIAMOND TESTING

General Information Report

General Information

Company Name NEW GULF OPERATING, LLC
Contact JIM HENKLE
Well Name BAKER #1-33
Unique Well ID DST #1, LANSING "A&B", 3846-3933
Surface Location SEC 33-14S-34W, LOGAN CO. KS.
Field WILDCAT
Well Type Vertical
Test Type CONVENTIONAL
Formation DST #1, LANSING "A&B", 3846-3933
Well Fluid Type 01 Oil

Representative TIM VENTERS
Well Operator NEW GULF OPERATING, LLC
Report Date 2014/06/02
Prepared By TIM VENTERS
Qualified By JONG GOLDSMITH

Start Test Date 2014/06/02
Final Test Date 2014/06/02

Start Test Time 04:10:00
Final Test Time 11:51:00

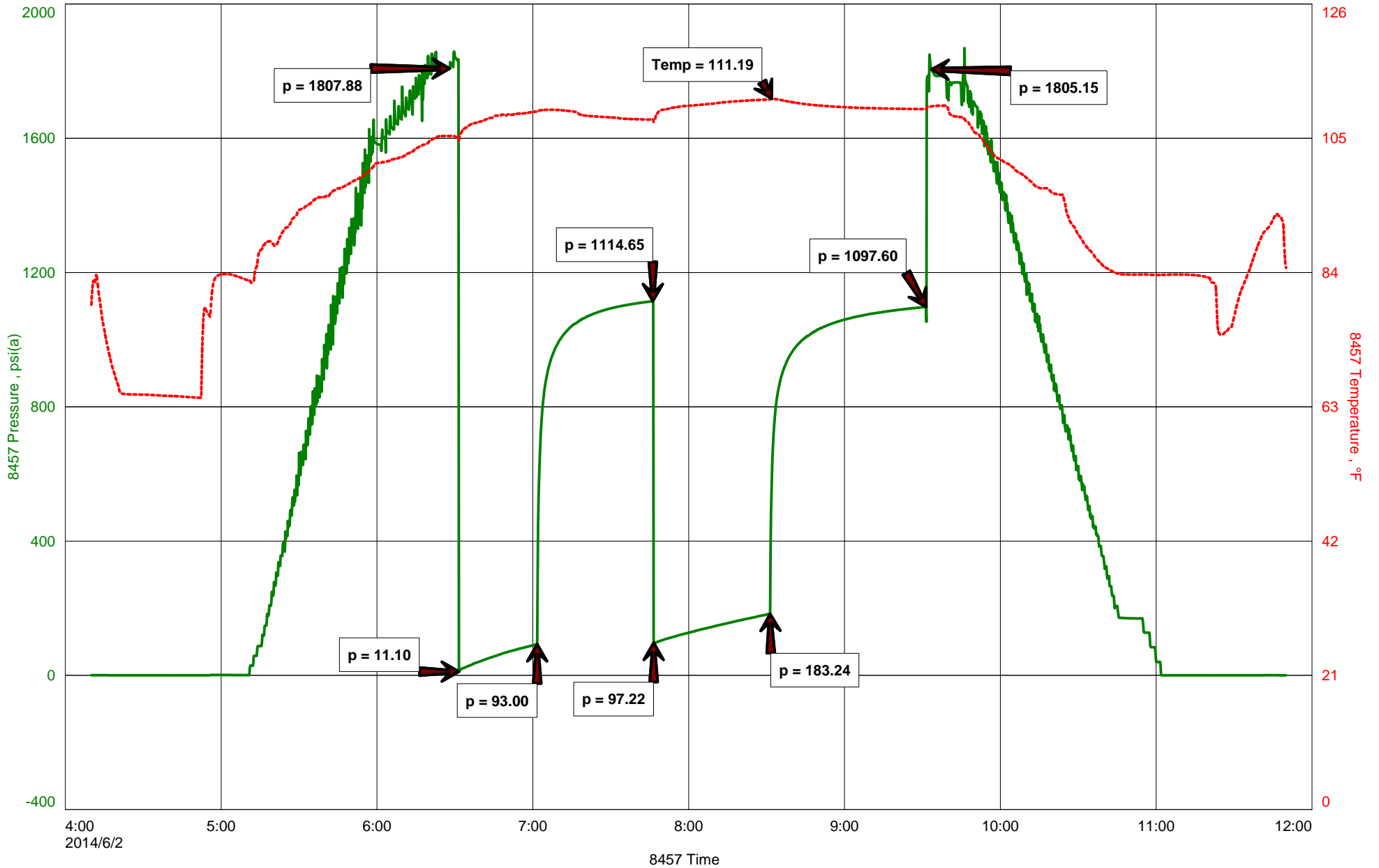
Test Recovery:

RECOVERED: 80' M W/SP. O, SPOTTY OIL, 100% MUD
310' WCM, 31% WATER, 69% MUD
390' TOTAL FLUID

TOOL SAMPLE: 59% WATER, 41% MUD

CHLORIDES: 18,000 ppm
PH: 8.0
RW: .38 @ 62 deg.

BAKER #1-33





DIAMOND TESTING
 P.O. Box 157
HOISINGTON, KANSAS 67544
 (800) 542-7313
DRILL-STEM TEST TICKET
 FILE: BAKER1-33DST1

TIME ON: 04:10
 TIME OFF: 11:51

Company NEW GULF OPERATING, LLC Lease & Well No. BAKER #1-33
 Contractor VAL ENERGY, INC. RIG #4 Charge to NEW GULF OPERATING, LLC
 Elevation 3005 KB Formation LANSING "A&B" Effective Pay _____ Ft. Ticket No. T352
 Date 6-2-14 Sec. 33 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 3846 ft. to 3933 ft. Total Depth 3933 ft.
 Packer Depth 3841 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Packer Depth 3846 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____
 Top Recorder Depth (Inside) 3827 ft. Recorder Number 8457 Cap. 10,000 P.S.I.
 Bottom Recorder Depth (Outside) 3930 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 8.8 Water Loss 6.4 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
 Chlorides 3,500 P.P.M. Drill Pipe Length 3784 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 24 ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. ^{63' 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 20 MIN. (NO BB)
 2nd Open: VERY WEAK SURFACE BLOW, BUILDING, REACHING BOB 26 1/2 MIN. (NO BB)

Recovered 80 ft. of M W/SP. O, SPOTTY OIL, 100% MUD
 Recovered 310 ft. of WCM, 31% WATER, 69% MUD
 Recovered 390 ft. of TOTAL FLUID

Recovered _____ ft. of _____	CHLORIDES: 18,000 PPM	Price Job
Recovered _____ ft. of _____	PH: 8.0	Other Charges
Remarks: _____	RW: .38 @ 62 deg.	Insurance
TOOL SAMPLE: 59% WATER, 41% MUD		Total

Time Set Packer(s) 6:31 AM ^{A.M.} P.M. Time Started Off Bottom 9:31 AM ^{A.M.} P.M. Maximum Temperature 111 deg.

Initial Hydrostatic Pressure..... (A) 1808 P.S.I.
 Initial Flow Period..... Minutes 30 (B) 11 P.S.I. to (C) 93 P.S.I.
 Initial Closed In Period..... Minutes 45 (D) 1115 P.S.I.
 Final Flow Period..... Minutes 45 (E) 97 P.S.I. to (F) 183 P.S.I.
 Final Closed In Period..... Minutes 60 (G) 1098 P.S.I.
 Final Hydrostatic Pressure..... (H) 1805 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 BAKER #1-33
Unique Well ID DST #2, ALTAMONT, 4240-4279
Surface Location SEC 33-14S-34W, LOGAN CO. KS.
Field WILDCAT
Well Type Vertical
Test Type CONVENTIONAL
Formation DST #2, ALTAMONT, 4240-4279
Well Fluid Type 01 Oil

Start Test Date 2014/06/03
Final Test Date 2014/06/04

Representative TIM VENTERS
Well Operator NEW GULF OPERATING, LLC
Report Date 2014/06/04
Prepared By TIM VENTERS
Qualified By JOHN GOLDSMITH

Start Test Time 16:17:00
Final Test Time 01:27:00

Test Recovery:

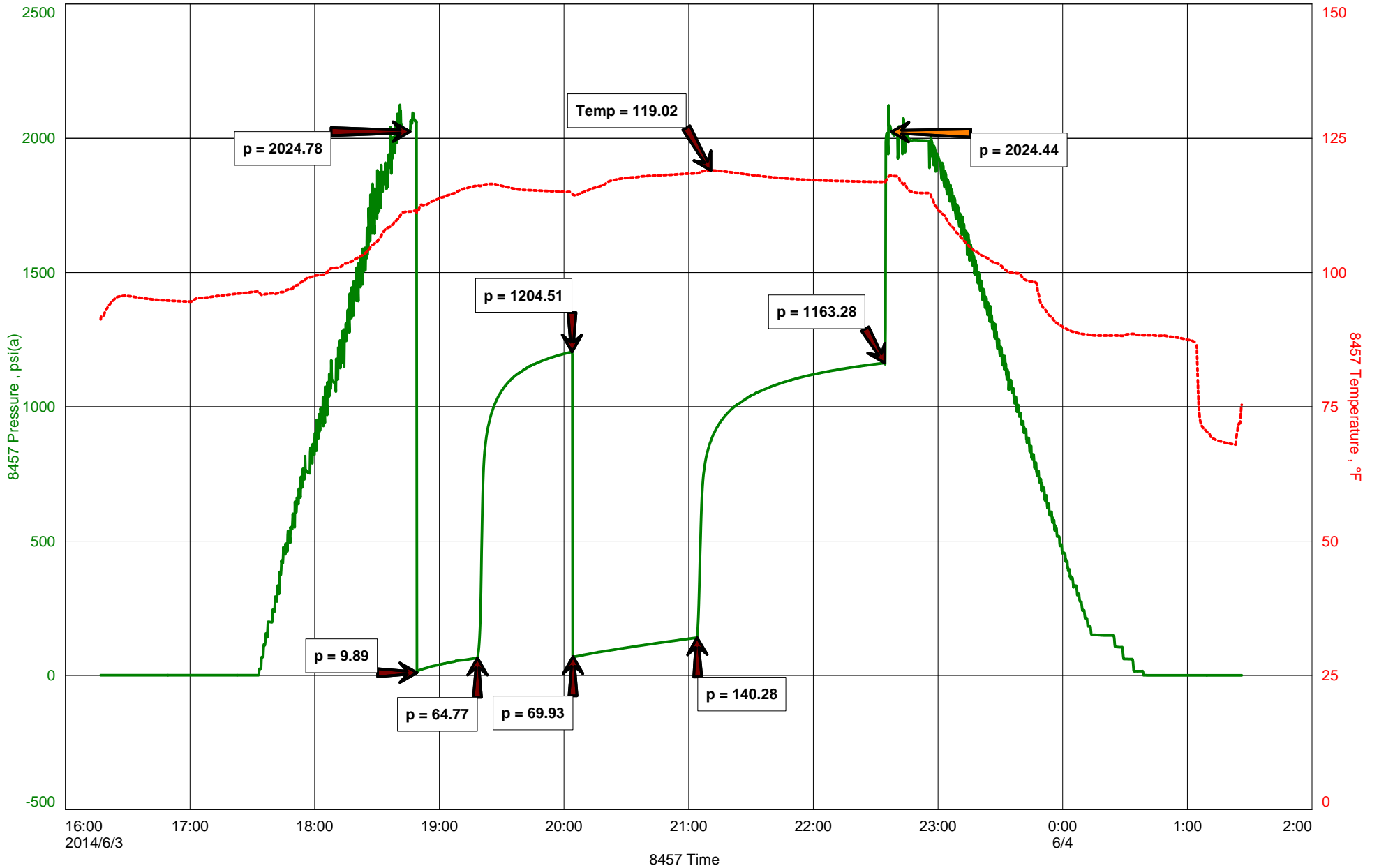
RECOVERED: 575' GAS IN PIPE
230' GO, 2% GAS, 98% OIL, GRAVITY: 34
65' G,MCO, 2% GAS, 74% OIL, 24% MUD
60' HOCM, 40% OIL, 60% MUD
355' TOTAL FLUID

TOOL SAMPLE: 98% OIL, 2% MUD

NEW GULF OPERATING, LLC
DST #2, ALTAMONT, 4240-4279
Start Test Date: 2014/06/03
Final Test Date: 2014/06/04

BAKER #1-33
Formation: DST #2, ALTAMONT, 4240-4279
Pool: WILDCAT
Job Number: T353

BAKER #1-33





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: BAKER1-33DST2

TIME ON: 16:17 6-3-14
TIME OFF: 01:27 6-4-14

Company NEW GULF OPERATING, LLC Lease & Well No. BAKER #1-33
Contractor VAL ENERGY, INC. RIG #4 Charge to NEW GULF OPERATING, LLC
Elevation 3005 KB Formation ALTAMONT Effective Pay _____ Ft. Ticket No. T353
Date 6-3-14 Sec. 33 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 4240 ft. to 4279 ft. Total Depth 4279 ft.
Packer Depth 4235 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 4240 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4221 ft. Recorder Number 8457 Cap. 10,000 P.S.I.
Bottom Recorder Depth (Outside) 4276 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 50 Drill Collar Length 29 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 4,000 P.P.M. Drill Pipe Length 4178 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 39 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 15 MIN. (2" BB)
2nd Open: WEAK SURFACE BLOW, BUILDING, REACHING BOB 14 1/2 MIN. (2" BB)

Recovered 575 ft. of GAS IN PIPE
Recovered 230 ft. of GO, 2% GAS, 98% OIL, GRAVITY: 34
Recovered 63 ft. of G,MCO, 2% GAS, 74% OIL, 24% MUD
Recovered 62 ft. of HOCM, 40% OIL, 60% MUD

Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
TOOL SAMPLE: 98% OIL, 2% MUD	Total

Time Set Packer(s) 6:48 PM A.M. P.M. Time Started Off Bottom 10:33 PM A.M. P.M. Maximum Temperature 119 deg.

Initial Hydrostatic Pressure..... (A) 2025 P.S.I.
Initial Flow Period..... Minutes 30 (B) 10 P.S.I. to (C) 65 P.S.I.
Initial Closed In Period..... Minutes 45 (D) 1205 P.S.I.
Final Flow Period..... Minutes 60 (E) 70 P.S.I. to (F) 140 P.S.I.
Final Closed In Period..... Minutes 90 (G) 1163 P.S.I.
Final Hydrostatic Pressure..... (H) 2024 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 BAKER #1-33
Unique Well ID DST #3, ALT. B-FT. SCT., 4276-4410
Surface Location SEC 33-14S-34W, LOGAN CO. KS.
Field WILDCAT
Well Type Vertical
Test Type CONVENTIONAL
Formation DST #3, ALT. B- FT. SCT., 4276-4410
Well Fluid Type 01 Oil

Representative TIM VENTERS
Well Operator NEW GULF OPERATING, LLC
Report Date 2014/06/05
Prepared By TIM VENTERS
Qualified By KENT MATSON

Start Test Date 2014/06/04
Final Test Date 2014/06/05

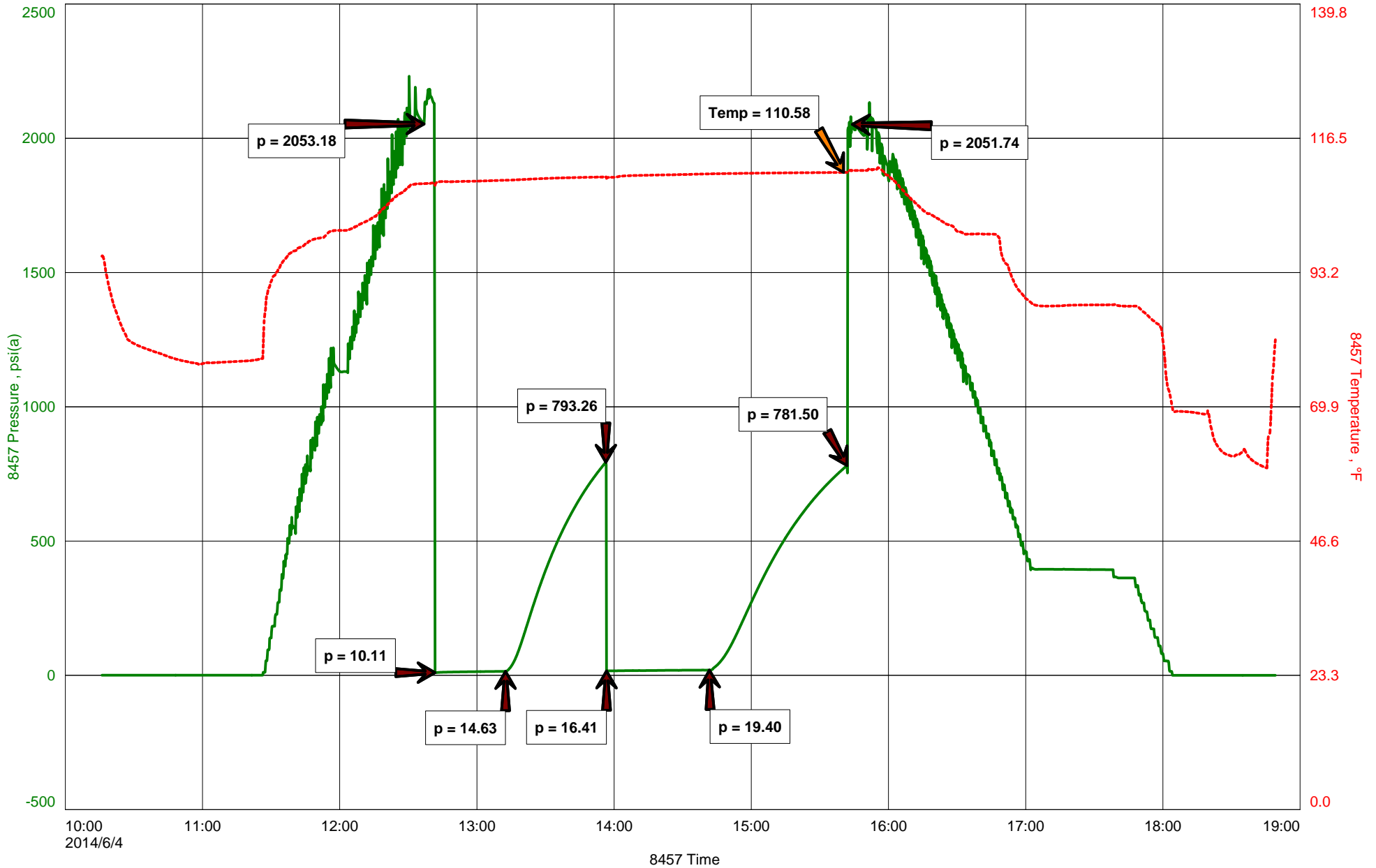
Start Test Time 20:16:00
Final Test Time 04:49:00

Test Recovery:

RECOVERED: 30' M W/TR. O, TRACE OIL, 100% MUD

TOOL SAMPLE: TRACE OIL, 100% MUD

BAKER #1-33





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: BAKER1-33DST3

TIME ON: 20:16 6-4-14
TIME OFF: 04:49 6-5-14

Company NEW GULF OPERATING, LLC Lease & Well No. BAKER #1-33
Contractor VAL ENERGY, INC. RIG #4 Charge to NEW GULF OPERATING, LLC
Elevation 3005 KB Formation ALTAMONT "B"-FT. SCOTT Effective Pay _____ Ft. Ticket No. T354
Date 6-4-14 Sec. 33 Twp. _____ 14 S Range _____ 34 W County LOGAN State KANSAS
Test Approved By KENT MATSON Diamond Representative TIMOTHY T. VENTERS

Formation Test No. 3 Interval Tested from 4276 ft. to 4410 ft. Total Depth 4410 ft.

Packer Depth 4271 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Packer Depth 4276 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4257 ft. Recorder Number 8457 Cap. 10,000 P.S.I.

Bottom Recorder Depth (Outside) 4407 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 9.1 Water Loss 8.8 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.

Chlorides 5,000 P.P.M. Drill Pipe Length 4214 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 40 ft. Size 4 1/2-FH in.

Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. ^{94' DP IN ANCHOR} Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: WEAK SURFACE BLOW, BUILDING TO 1/2 INCH. (NO BB)

2nd Open: NO BLOW THROUGHOUT PERIOD. (NO BB)

Recovered 30 ft. of M W/TR. O, TRACE OIL, 100% MUD

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Remarks: _____

TOOL SAMPLE: TRACE OIL, 100% MUD

Time Set Packer(s) 10:41 PM ^{A.M.} P.M. Time Started Off Bottom 1:41 AM ^{A.M.} P.M. Maximum Temperature 111 deg.

Initial Hydrostatic Pressure..... (A) 2053 P.S.I.

Initial Flow Period..... Minutes 30 (B) 10 P.S.I. to (C) 15 P.S.I.

Initial Closed In Period..... Minutes 45 (D) 793 P.S.I.

Final Flow Period..... Minutes 45 (E) 16 P.S.I. to (F) 19 P.S.I.

Final Closed In Period..... Minutes 60 (G) 782 P.S.I.

Final Hydrostatic Pressure..... (H) 2052 P.S.I.

Price Job
Other Charges
Insurance
Total

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 BAKER #1-33
Unique Well ID DST #4, CHEROKEE, 4404-4430
Surface Location SEC 33-14S-34W, LOGAN CO. KS.
Field WILDCAT
Well Type Vertical
Test Type CONVENTIONAL
Formation DST #4, CHEROKEE, 4404-4430
Well Fluid Type 01 Oil

Representative TIM VENTERS
Well Operator NEW GULF OPERATING, LLC
Report Date 2014/06/05
Prepared By TIM VENTERS
Qualified By KENT MATSON

Start Test Date 2014/06/05
Final Test Date 2014/06/05

Start Test Time 12:59:00
Final Test Time 19:42:00

Test Recovery:

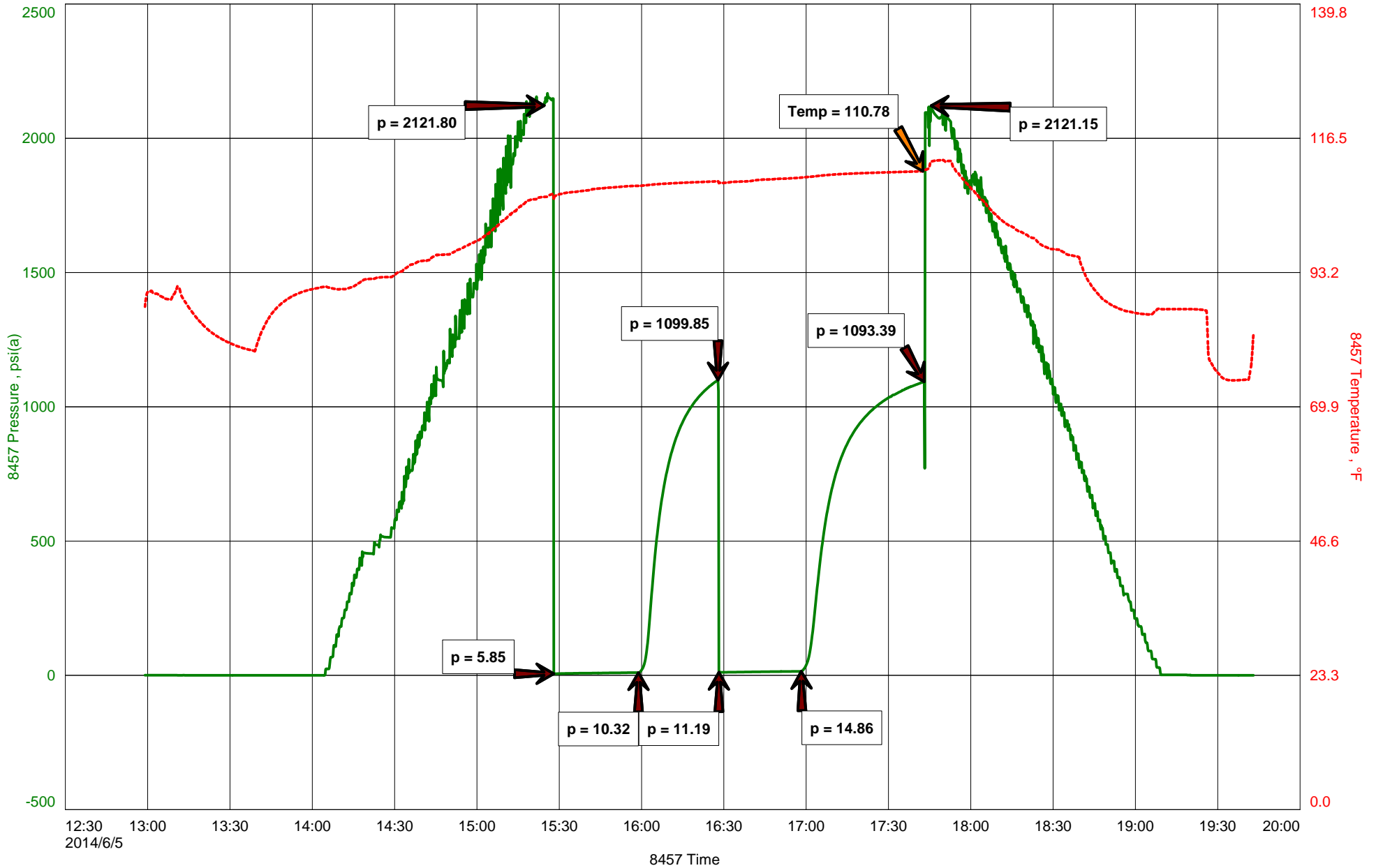
RECOVERED: 5' MUD

TOOL SAMPLE: 100% MUD

NEW GULF OPERATING, LLC
DST #4, CHEROKEE, 4404-4430
Start Test Date: 2014/06/05
Final Test Date: 2014/06/05

BAKER #1-33
Formation: DST #4, CHEROKEE, 4404-4430
Pool: WILDCAT
Job Number: T355

BAKER #1-33





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: BAKER1-33DST4

TIME ON: 12:59
TIME OFF: 19:42

Company NEW GULF OPERATING, LLC Lease & Well No. BAKER #1-33
Contractor VAL ENERGY, INC. RIG #4 Charge to NEW GULF OPERATING, LLC
Elevation 3005 KB Formation CHEROKEE Effective Pay _____ Ft. Ticket No. T355
Date 6-5-14 Sec. 33 Twp. 14 S Range 34 W County LOGAN State KANSAS
Test Approved By KENT MATSON Diamond Representative TIMOTHY T. VENTERS

Formation Test No. 4 Interval Tested from 4404 ft. to 4430 ft. Total Depth 4430 ft.
Packer Depth 4399 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 4404 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4385 ft. Recorder Number 8457 Cap. 10,000 P.S.I.
Bottom Recorder Depth (Outside) 4427 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 41 Drill Collar Length 29 ft. I.D. 2 1/4 in.
Weight 9.2 Water Loss 10.4 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 4,500 P.P.M. Drill Pipe Length 4342 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 26 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 THROUGHOUT PERIOD. (NO BB)
2nd Open: VERY WEAK SURFACE BLOW, LASTING 2 MIN. (NO BB)

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: 100% MUD	Total

Time Set Packer(s) 3:26 PM A.M. P.M. Time Started Off Bottom 5:41 PM A.M. P.M. Maximum Temperature 111 deg.
Initial Hydrostatic Pressure..... (A) 3122 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) 1100 P.S.I.
Final Flow Period..... Minutes 30 (E) 11 P.S.I. to (F) 15 P.S.I.
Final Closed In Period..... Minutes 45 (G) 1093 P.S.I.
Final Hydrostatic Pressure..... (H) 2121 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.