1220061

Confidentiality Requested:

KANSAS CORPORATION COMMISSION 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 #	API No. 15		
Name:	Spot Description:		
Address 1:			
Address 2:	Feet from Dorth / South Line of Section		
City: State: Zip:+	Feet from East / West Line of Section		
Contact Person:	Footages Calculated from Nearest Outside Section Corner:		
Phone: ()			
CONTRACTOR: License #	GPS Location: Lat:, Long:		
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)		
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84		
Purchaser:	County:		
Designate Type of Completion:	Lease Name: Well #:		
New Well Re-Entry Workover	Field Name:		
	Producing Formation:		
	Elevation: Ground: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth:		
OG GSW Temp. Abd.			
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet		
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?		
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet		
Operator:	If Alternate II completion, cement circulated from:		
Well Name:	feet depth to:w/sx cmt.		
Original Comp. Date: Original Total Depth:			
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan		
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)		
	Chloride content: ppm Fluid volume: bbls		
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:		
SWD Permit #:	Location of fluid disposal if hauled offsite:		
ENHR Permit #:			
GSW Permit #:	Operator Name:		
	Lease Name: License #:		
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West		
Recompletion Date Recompletion Date	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:						

	Page Two	1220061
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	
INCTRUCTIONS. Chow important tang of formations ponetrated	Dotail all coros Report all	final copies of drill stoms tests giving interval tested, time teal

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 (Attach Additional Sho	eets)	Yes No		-	on (Top), Depth ar		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING Report all strings set-c			on 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 / SQL	IEEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used		Type and P	ercent Additives	

	Perforate	Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
	Protect Casing				
Plug Off Zone					

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

(If No, skip questions 2 and 3) (If No, skip question 3)

No

🗌 No

No

Yes Yes

(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				/		ement Squeeze Record d of Material Used)	Depth		
TUBING RECORD:	Si	ze:	Set At:		Packe	r At:	Liner R		No	
Date of First, Resumed	I Product	ion, SWD or ENH	٦.	Producing N	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
Vented Solo	(Submit AC			Comp. A <i>CO-5)</i>	Commingled (Submit ACO-4)		IERVAL:			
(II ventea, Su		-10.)		Other (Specify)						

Form	ACO1 - Well Completion		
Operator	New Gulf Operating LLC		
Well Name	KGB 1-21		
Doc ID	1220061		

Tops

Name	Тор	Datum
HEEBNER SHALE	4008	-886
LANSING	4048	-926
MUNCIE CREEK	4246	-1124
STARK	4349	-1227
HUSHPUCKNEY	4395	-1273
BASE OF KC	4438	-1316
MARMATON	4508	-1386
PAWNEE	4586	-1464
LITTLE OSAGE	4608	-1486
EXCELLO	4624	-1502
CHEROKEE	4653	-1531
JOHNSON	4701	-1579
MORROW	4788	-1666
MISSISSIPPIAN	4848	-1726

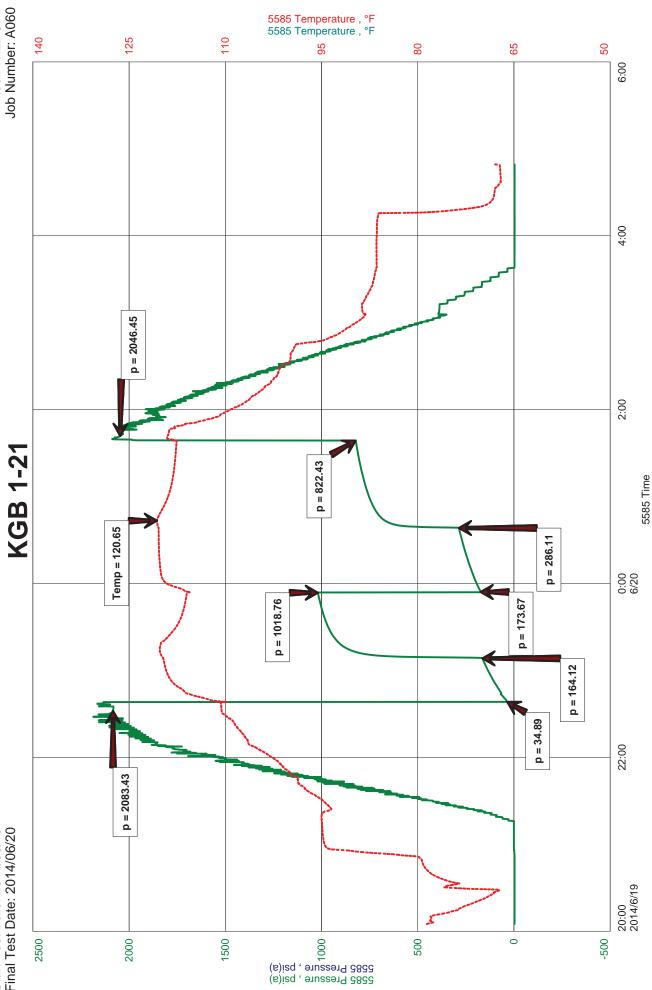
Form	ACO1 - Well Completion
Operator	New Gulf Operating LLC
Well Name	KGB 1-21
Doc ID	1220061

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Type and Percent Additives
surface	12.25	8.625	24	254	Class A	Bentonite, Calcium Chloride
production	7.875	5.5	15.5	4800	OWC, 60/40 POZ	Kol Seal, Flo Seal,

NEW GULF OPERATING LLC DST1 ALTAMONT "A" 4358-4386 Start Test Date: 2014/06/19 Final Test Date: 2014/06/20





TaSt

DIAMOND TESTING, LLC

TESTER : ANDY CARREIRA CELL # 620-617-7202

General Information

Company Name NEW Contact Well Name Unique Well ID Surface Location Well License Number	/ GULF OPERATING LLC JIM HENKLE Job Nur KGB 1-21 Represe DST1 ALTAMONT "A" 4358-4386 Well Op SEC 21-14S-34W LOGAN CNTY,KS Report Prepare	entative ANDY CARREIRA erator NEW GULF OPERATING LLC Date 2014/06/19
Field Well Type	WILDCAT Vertical	

Test Information

Test Type Formation Well Fluid Type Test Purpose	CONVENTIONAL DST1 ALTAMONT "A" 4358-4386 01 Oil Initial Test	

Start Test Date	2014/06/19 Start Test Time	20:05:00
Final Test Date	2014/06/20 Final Test Time	04:51:00

Gauge Name

5585

Test Results

RECOVERY:	670' GIP	
	650' CGO 10%G, 90%O	
	120' MCGO 20%G, 50%O, 30%M	
	770' TOTAL FLUID	GRAVITY: 35 @ 60 deg

TOOL SAMPLE: 100% OIL



DIAMOND TESTING P.O. Box 157 HOISINGTON, KANSAS 67544 (800) 542-7313 DRILL-STEM TEST TICKET FILE: KGB 1-21 DST1

TIME ON: 20:05

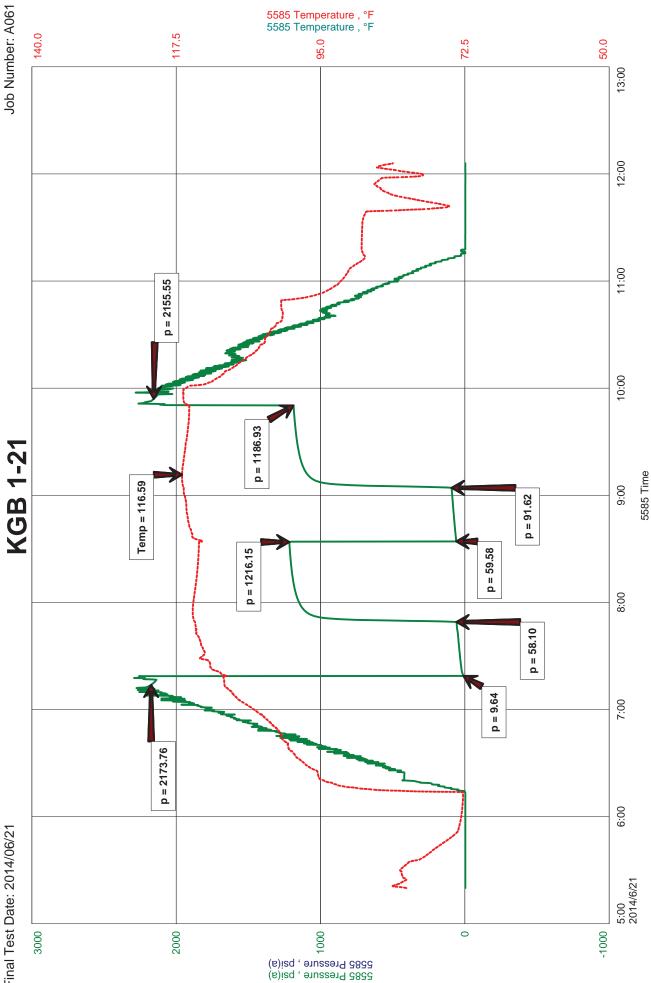
TIME OFF: 04:51

* V	TILL. NO						
Company NEW GULF OPERATING	GLLC.	Lease &	Well No. KGE	3 1-21			
Contractor VAL 4		Charge	NEW GULF	F OPERATING I	LC		
Elevation3091 KB Formation_	ALTAMON	IT "A" Effective	Pay		Ft. Ticket	No. A	.060
Date 6-19 14 Sec. 21 T	wp14 g	S Range	34	W County	LOGAN	State	KANSAS
Test Approved By_JOHN GOLDSMITH		Diamond	Representative	· /	ANDY CARF	REIRA	
Formation Test No. 1 Interva	al Tested from	4358 ft. to		4386 ft. Tota	Depth	2	4386 ft.
Packer Depth 4353 ft. Size					1.		in.
Packer Depth 4358 ft. Size	e6 3/4in.						in.
Depth of Selective Zone Set							
Top Recorder Depth (Inside)	4339 _{ft.}	Recorde	r Number	5585	Cap.	5000	P.S.I.
Bottom Recorder Depth (Outside)	4358 ft.	Recorde	r Number	8471	_Cap	10000	P.S.I.
Below Straddle Recorder Depth	ft.	Recorde	r Number		Сар		P.S.I.
Mud Type CHEMICAL Viscosity			ar Length		ft. I.D		in
Weight2 Water Loss	9.2	_cc. Weight F	Pipe Length	0	_ft. I.D	2 7/8	ir
Chlorides	5000 P.P.M.	Drill Pipe	Length	4295	ft. I.D	3 1/2	in
Jars: Make STERLING Serial Numbe	09	Test Too	I Length	33	ft. Tool Size	e3_1/2-	-IFin
Did Well Flow? NO Reverse	d OutNO	Anchor L	ength	28	ft. Size	4 1/2-	-FHir
Main Hole Size 7 7/8 Tool Joir	t Size 4 1/2 XH	in. Surface	Choke Size	1	in. Bottom	Choke Size	ir
Blow: 1st Open: BOB IN 4 MIN.					(7'	'bb)	
^{2nd Open:} BOB IN 2 MIN.							0
Recovered670 ft. of_GIP							
Recovered650 ft. of CGO 10%G, 90%	6O						
Recovered 120 ft. of MCGO 20%G,	50%O, 30%M						
Recovered 770 ft. of TOTAL FLUID		GRAVITY: 3	5 @ 60 deg]			
Recoveredft. of					Price Job		
Recoveredft. of					Other Charge	s	
Remarks:					Insurance		
TOOL SAMPLE: 100% OIL	4			A.M.	Total		
Time Set Packer(s) 10:40 PM		ff Bottom	1:40 AM		mum Temper	rature	121
Initial Hydrostatic Pressure		(A)	2	2083 P.S.I.			
Initial Flow Period	Minutes	30 (в)		35 P.S.I. to	(C)	<u>164</u> P.	S.I.
Initial Closed In Period	windles	45(D)		1019 P.S.I.			
Final Flow Period	Minutes	45(E)		174 P.S.I. to	(F)	286 _{P.8}	3.1.
Final Closed In Period	.Minutes	60 (G)		822 P.S.I.			
Final Hydrostatic Pressure		(H)	2	2046 _{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"CHEROKEE"4480-4557 Start Test Date: 2014/06/21 Final Test Date: 2014/06/21





TaSt

DIAMOND TESTING, LLC

TESTER : ANDY CARREIRA CELL # 620-617-7202

General Information

Company Name NEW	/ GULF OPERATING LLC JIM HENKLE		
Contact	JIM HENKLE	Job Number	A061
Well Name	KGB 1-21	Representative	ANDY CARREIRA
Unique Well ID	DST2"CHEROKEE"4480-4557	Well Operator	NEW GULF OPERATING LLC
Surface Location	SEC 21-14S-34W LOGAN CNTY,KS	Report Date	2014/06/21
Well License Number		Prepared By	ANDY CARREIRA
Field	WILDCAT		
Well Type	Vertical		

Test Information

Test Type Formation Well Fluid Type Test Purpose	CONVENTIONAL DST2"CHEROKEE"4480-4557 01 Oil Initial Test	
Start Test Date	2014/06/21 Star	rt Test Time 05:20

Start Test Date	2014/06/21 Start Test Time	05:20:00
Final Test Date	2014/06/21 Final Test Time	12:06:00

Gauge Name

5585

Test Results

RECOVERY: 180' SOSM

TOOL SAMPLE: TRACE OIL, MUD



DIAMOND TESTING P.O. Box 157 HOISINGTON, KANSAS 67544 (800) 542-7313 DRILL-STEM TEST TICKET FILE: KGB 1-21 DST2

TIME ON: 05:20

TIME OFF: 12:06

Company NEW GULF OPERATING LLC.	Lease & Well No. KGB 1-21
Contractor VAL 4	Charge to NEW GULF OPERATING LLC
Elevation 3091 KB Formation CHEROK	EE Effective PayFt. Ticket NoA061
Date 6-21 14 Sec. 21 Twp. 14 S	Range34 W CountyLOGANStateKANSAS
Test Approved By_JOHN GOLDSMITH	Diamond Representative ANDY CARREIRA
Formation Test No. 2 Interval Tested from 4	4480 ft. to 4557 ft. Total Depth 4557 ft.
Packer Depth 4475 ft. Size6 3/4 in.	Packer depthft. Size6 3/4 in.
5ac 3308	Packer depthft. Size6 3/4 in.
Depth of Selective Zone Set	
Top Recorder Depth (Inside) 4461 ft.	Recorder Number5585_Cap5000_P.S.I.
Bottom Recorder Depth (Outside) 4482 ft.	Recorder Number8471_CapP.S.I.
Below Straddle Recorder Depthft.	Recorder NumberCapP.S.I.
Mud Type CHEMICAL Viscosity 52	
	c. Weight Pipe Length0_ft. I.D2 7/8 ii
Chlorides 5200 P.P.M.	Drill Pipe Length 4417 ft. I.D 3 1/2 ir
Jars: Make STERLING Serial Number 09	22
Did Well Flow? NO NO	_ Anchor Length 77 ft. Size 4 1/2-FH ii
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in.	Surface Choke Size1 in. Bottom Choke Size_5/8 in
Blow: 1st Open: 6" BLOW IN 30 MIN.	(NObb)
2nd Open: 4" BLOW IN 30 MIN.	(NObb)
Recovered 180 ft. of SOSM	
Recoveredft. of	Price Job
Recoveredft. of	Other Charges
Remarks:	Insurance
TOOL SAMPLE: TRACE OIL, MUD	Total
Time Set Packer(s) 7:19 AM P.M. Time Started Off E	
Initial Hydrostatic Pressure	(A) 2174 P.S.I.
Initial Flow Period	(B) 10 P.S.I. to (C) 58 P.S.I.
Initial Closed In Period Minutes 45	(D)F.3.1.
Final Flow Period	(E) 60 P.S.I. to (F) 92 P.S.I.
Final Closed In Period	(0)
Final Hydrostatic Pressure	(H) 2156 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.



269047

46998 TICKET NUMBER

LOCATION Dakley KS FOREMAN Dane Betzloff

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

FIELD TICKET & TREATMENT REPORT

620-431-9210	or 800-467-867	6		CEMEN	Т			KS
DATE	CUSTOMER #	WE	LL NAME & NUM	IBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-23-14	5661	Ko	B 1-21	- inter-	8	11	44	Logan
CUSTOMER					1993年2月4月1日日本部長年1月	医血压的 网络加强 化构成	ar in the state of the	國新聞國家的語言言
	New Gulf	Operating		4	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDR	ESS	. 0			399	mike.		
					530	Robert		
CITY		STATE	ZIP CODE		460	hance		
REMARKS: 57 Basket og Pump 51	BOIS of wat	ince. Rig wy dawa er shead an two	up. Run f from DVI mix much joints.	lost equip Fort - Rug Flush - Pu Casing spli	Casing to 1 mp 5 BBIS t on second	lochiach. mu	10,9,12, whete on to echelush ci acc casing.	15, 18 53, httom 1 br. now latic) Circulate
5th Kolser	. (35.56 Sh	cry BBIS	Gash pe	mp + Lines	. Displace a	behade mix	water a	AC) 5-4 ABIS
400 SK6 0	6 60/40 890	Bentonite	1/4 FID SC	al, (125.	38 slarry BB	eit 3 hrs. Plu Hs) wash up	pump + lin	es. Display
27 BBIS C	or water +	inal life	ico psi	Plug lan		00 psi. Wash		

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54016	1	PUMP CHARGE	3175:00	3175.00
5406	65	MILEAGE	5.25	341.25
5407A	28.75	Ton mileage Delivery	1,75	3270.31
1) 26	200 sks	Disc Conunt t	23.70	4740.00
1131	450 545	60/40 Poz mix	15.86	7/37,00
11104	1000	KOL Scal	.56	560.00
107	112	Flo Scal	JAT	332,64
11188	3096	Bentonite	.27	835.92
INAG	1000 921	muchfluch	1.00	1000,00
4159	1	SY2 AFU Flost shor.	4/33.75	433.75
4/30	10	5/2 Centralizers	41.00	610.00
4164	1	54. Basket	290.00	490.00
4454	1	5/2 Latchdown Plug Assembly	567.00	567.00
4277A	<u> </u>	5/2 DU Tool F	4900.00	41900.00
			346	28192.8
			10%	2819.29
		romolotod	Tetel	25373.5
	1.	and completed	SALES TAX	1473.84
	1 11	TITLE fisherton Migs.	ESTIMATED TOTAL DATE	26847.4

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.

			En AF	5928
CONSOLIDATED 26882			C 4	45
		LOCATION	Cantor	n.
QE Well Services, LLC		FOREMAN	Pules	Shaw
FIELD TICKET & TREA	TMENT REP	PORT		
PO Box 884, Chanute, KS 66720 FIELD TICKET & TREA 620-431-9210 or 800-467-8676 CEMEN				US
DATE CUSTOMER # WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-13-14 5661 KGB #1-21	21	145	346	Losen
CUSTOMER 11 CICO MONUMENT	中的政府的限制的保证	行在國際部署的認識的		DRIVER
New (24) + Operating son250	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS to Indains		MichaelR		
SW Vis	387	Rab S		
CITY STATE ZIP CODE				-
	L		85	11 2414
JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPT	H_254'	CASING SIZE & V		1 190
CASING DEPTH DRILL PIPE TUBING			OTHER	
SLURRY WEIGHT 14,8 SLURRY VOL 1,36 WATER gal	/sk	CEMENT LEFT in		
DISPLACEMENT_		RATE		/
REMARKS: Safety meeting and right on Val	Drillia	Right	Circula	te casing
	allium 3	28 gel d	is placed	156615
mix 200 SUS Class A Compart With Jo	troit	3		
Sheat in amont and a calle a four				

Than US Miles Hered

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRO	DUCT		TOTAL
\$4015	1	PUMP CHARGE		1152 4	1150.00
5404	35	MILEAGE		5.25	183.25
5407A	9,4 TO-1)	Ton Mitragedeliver		1.75	\$15.75
1102	SHH H	Calcium Chlorido		.94	530,16
	Zaslis	Cless A Coment		18,55	3710.00
11045	Chi H	Bentonito gel		27	101.52
ILLEB	376 4	Benton In gen			
				Substal	6251.18
			1ess 1080	scount	62.5.12
	-		comploto	Subtetal	5626.00
			Complete	SALES TAX	298.94
	1	ct		ESTIMATED	
Ravin 3737	V M N.			TOTAL	5925,00
AUTHORIZTION	Kard II prover B	S. JUE TITLE		DATE	