



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1224934
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: _____

1224934

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
--	---

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> _____
---	--

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	Farr 2-11
Doc ID	1224934

Tops

Name	Top	Datum
Anhydrite	2398	721
Base Anhydrite	2416	703
Heebner	4002	-883
Lansing	4044	-925
Muncie Creek	4242	-1123
Stark	4350	-1231
Marmaton	4504	-1385
Pawnee	4580	-1461
Cherokee Shale	4656	-1537
Johnson	4704	-1585
Morrow Shale	4793	-1674
Miss	4851	-1731

DIAMOND TESTING GENERAL REPORT

Jake Fahrenbruch, Tester

Cell: (620) 282-8977 / Office: (800) 542-7313



TEST INFORMATION

Well Name	Farr #2-11
Formation	Marmaton 4470'-4554'
Surface Location	Sec 11-18s-34w-Scott Co.-KS
Company Name	New Gulf Operating, LLC
Test Type	Bottom-Hole DST w/jars & s. joint
Gauge Name	Inside 5951
Start Test Date	2014/09/18
Start Test Time	07:58:00
Final Test Date	2014/09/18
Final Test Time	16:01:00
Job Number	F318
Contact	Jim Henkle
Site Contact	John Goldsmith

TEST RESULTS

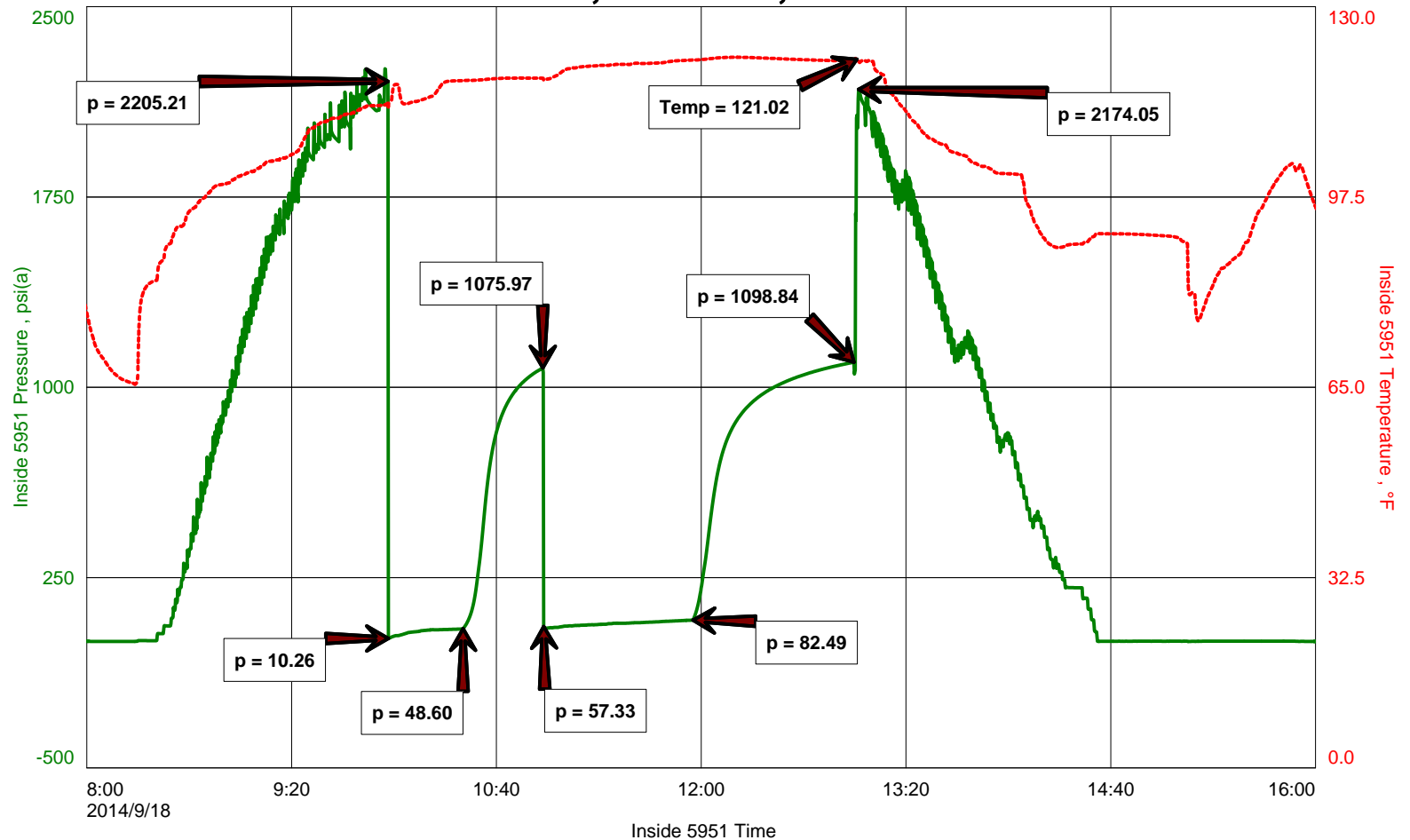
Initial flow, weak blow increased to 6". No blowback.
 Final flow, fair blow increased to B.O.B. in 42 minutes. No blowback.

TOTAL RECOVERED FLUID: 180'
 5' OIL 100% OIL
 175' GCMO 15% GAS, 45% OIL, 40% MUD
 ---- 120' GAS IN PIPE

New Gulf Operating, LLC
 Start Test Date: 2014/09/18
 Final Test Date: 2014/09/18

Farr #2-11
 Formation: Marmaton 4470'-4554'
 Job Number: F318

FARR #2-11, DST #1, MARMATON





DIAMOND TESTING
 P.O. Box 157
 HOISINGTON, KANSAS 67544
 (800) 542-7313
DRILL-STEM TEST TICKET
 FILE: FARR2DST1

ON LOCATION:	<u>07:18</u>
START RECORDERS:	<u>07:58</u>
STOP RECORDERS:	<u>16:01</u>

Company NEW GULF OPERATING, LLC Lease & Well No. FARR #2-11
 Contractor VAL ENERGY REG #4 Charge to NEW GULF OPERATING, LLC
 Elevation 3119' K13 Formation MARMATON Effective Pay _____ Ft. Ticket No. F318
 Date 9-18-14 Sec. 11 Twp. 18S Range 34W County SCOTT State KANSAS
 Test Approved By JOHN GOLDSMITH Diamond Representative JAKE FAHRENBRUCH

Formation Test No. 1 Interval Tested from 4470 ft. to 4554 ft. Total Depth 4554 ft.
 Packer Depth 4465 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Packer Depth 4470 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4448 ft. Recorder Number 5951 Cap. 5000 P.S.I.
 Bottom Recorder Depth (Outside) 4537 ft. Recorder Number 5584 Cap. 5000 P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 51 (2" ICM) Drill Collar Length 62 ft. I.D. 2 1/4 in.
 Weight 9.1 Water Loss 8.8 cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides 5000 P.P.M. Drill Pipe Length 4375 ft. I.D. 3 1/2 in.

Jars: Make STERLING Serial Number #5 J#5.5 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.
 Did Well Flow? NO Reversed Out NO Anchor Length 84 ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 19' PERF IN ANCHOR in. Bottom Choke Size 5/8 in.

Blow: 1st Open: WEAK BLOW, INCREASED TO 6". NO BLOWBACK.
 2nd Open: FAIR BLOW, INCREASED TO 8.0.8. IN 42 MIN. NO BLOWBACK.

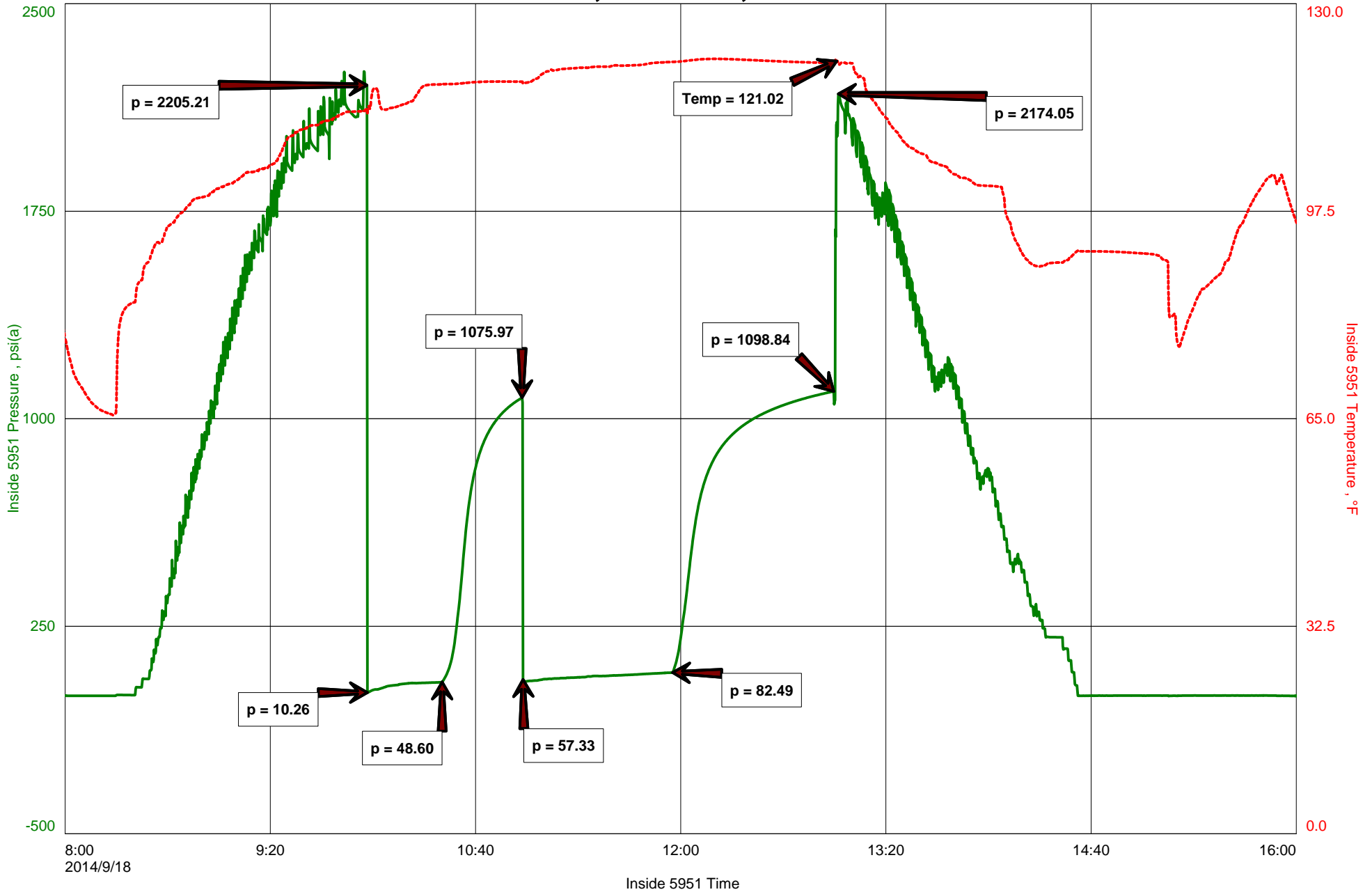
Recovered 5 ft. of OIL 100" OIL
 Recovered 175 ft. of GCMO 15" GAS, 45" OIL, 40" MUD
 Recovered _____ ft. of _____

Recovered _____ ft. of TOTAL RECOVERED FLUID: 180'
 Recovered _____ ft. of GAS IN PIPE: 120'
 Recovered _____ ft. of _____
 Remarks: _____
 Price Job _____
 Other Charges _____
JARS, S. JOINT
360 MRT (PRAT)
 Total _____

Time Set Packer(s) 9:58 AM Time Started Off Bottom 12:58 PM Maximum Temperature 121 F
 Initial Hydrostatic Pressure _____ (A) 2205 P.S.I.
 Initial Flow Period _____ Minutes 30 (B) 10 P.S.I. to (C) 49 P.S.I.
 Initial Closed In Period _____ Minutes 30 (D) 1076 P.S.I.
 Final Flow Period _____ Minutes 60 (E) 57 P.S.I. to (F) 82 P.S.I.
 Final Closed In Period _____ Minutes 60 (G) 1099 P.S.I. THANKS!
 Final Hydrostatic Pressure _____ (H) 2174 P.S.I. Jake Fahrenbruch

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.

FARR #2-11, DST #1, MARMATON





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

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

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DIAMOND TESTING GENERAL REPORT

Jake Fahrenbruch, Tester

Cell: (620) 282-8977 / Office: (800) 542-7313



TEST INFORMATION

Well Name	Farr #2-11
Formation	Fort Scott 4564'-4655'
Surface Location	Sec 11-18s-34w-Scott Co.-KS
Company Name	New Gulf Operating LLC
Test Type	Bottom-Hole DST w/jars & s. jnt.
Gauge Name	Inside 5951
Start Test Date	2014/09/19
Start Test Time	09:12:00
Final Test Date	2014/09/19
Final Test Time	15:23:00
Job Number	F319
Contact	Jim Henkle
Site Contact	John Goldsmith

TEST RESULTS

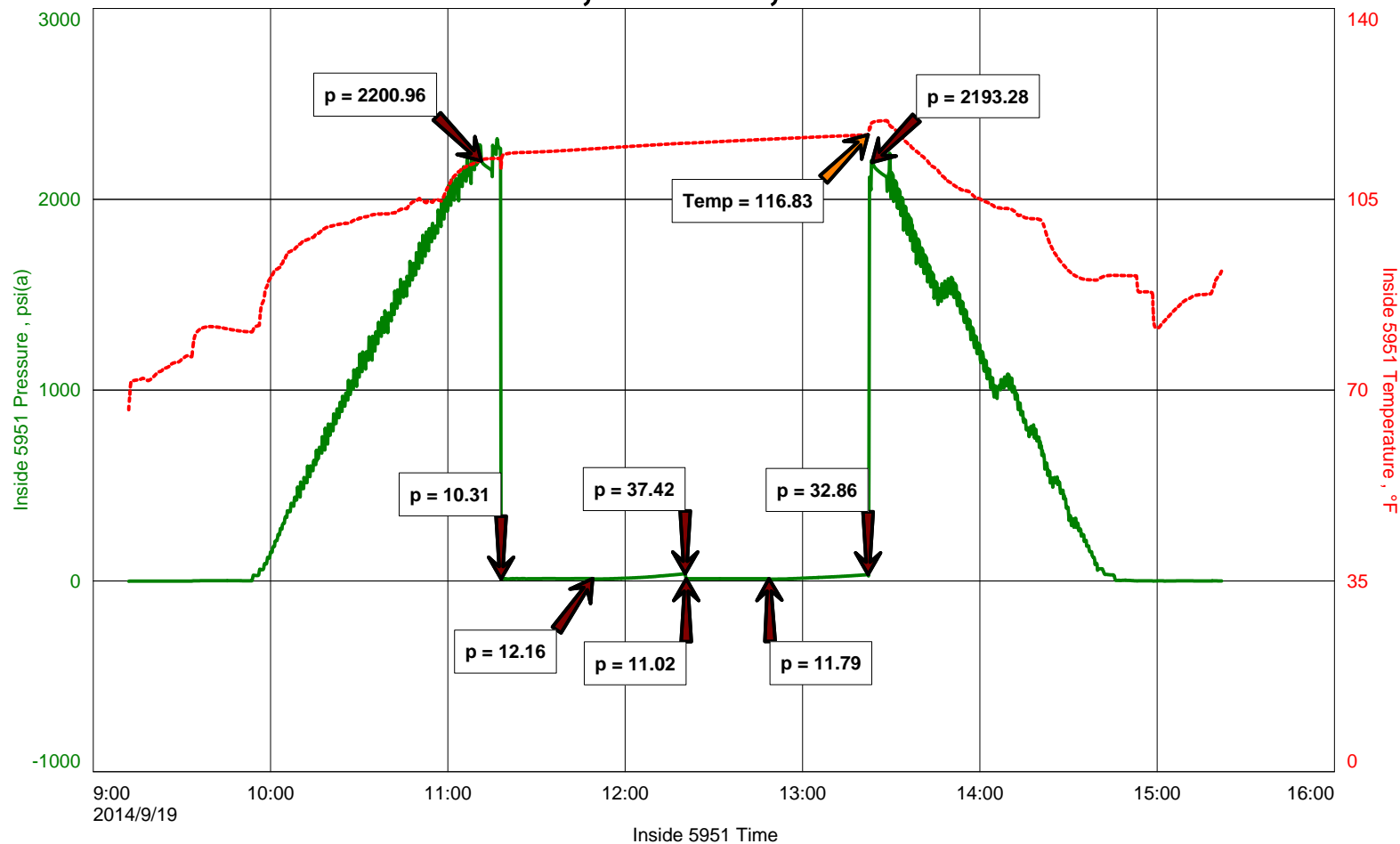
Initial flow, surface blow, increased to .25", blow died in 20 minutes.
Final flow, no blow.

RECOVERED 20' OF DRILLING MUD, 100% mud

New Gulf Operating LLC
Start Test Date: 2014/09/19
Final Test Date: 2014/09/19

Farr #2-11
Formation: Fort Scott 4564'-4655'
Job Number: F319

FARR #2-11, DST #2, FORT SCOTT





DIAMOND TESTING
 P. O. Box 157
 HOISINGTON, KANSAS 67544
 (800) 542-7313
DRILL-STEM TEST TICKET
 FILE: FARR2DST2

ON LOCATION:	<u>08:56</u>
START RECORDERS:	<u>09:12</u>
STOP RECORDERS:	<u>15:23</u>

Company NEW GULF OPERATING LLC Lease & Well No. FARR #2-11
 Contractor VAL ENERGY REG #4 Charge to NEW GULF OPERATING LLC
 Elevation 3119' KB Formation FORT SCOTT Effective Pay _____ Ft. Ticket No. F319
 Date 9-19-14 Sec. 11 Twp. 18S Range 34W County SCOTT State KANSAS
 Test Approved By JOHN GOLDSMITH Diamond Representative JAKE FAHRENBRUCH

Formation Test No. 2 Interval Tested from 4564 ft. to 4655 ft. Total Depth 4655 ft.
 Packer Depth 4559 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Packer Depth 4564 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4542 ft. Recorder Number 5951 Cap. 5000 P.S.I.
 Bottom Recorder Depth (Outside) 4631 ft. Recorder Number 5584 Cap. 5000 P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 50 (1"CM) Drill Collar Length 62 ft. I.D. 2 1/4 in.
 Weight 9.3 Water Loss 8.8 cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
 Chlorides 6600 P.P.M. Drill Pipe Length 4469 ft. I.D. 3 1/2 in.
 Jars: Make STERLING Serial Number #5 J & S. JNT. Test Tool Length 33 ft. Tool Size 3 1/2-IF in.
 Did Well Flow? NO Reversed Out NO Anchor Length 91 ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2" XH in. 26' PERF IN ANCHOR Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: SURFACE BLOW, INCREASED TO 4 1/2". BLOW DIED IN 20 MIN.
 2nd Open: NO BLOW.

Recovered 10 ft. of DRILL MUD 100% MUD
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks: _____

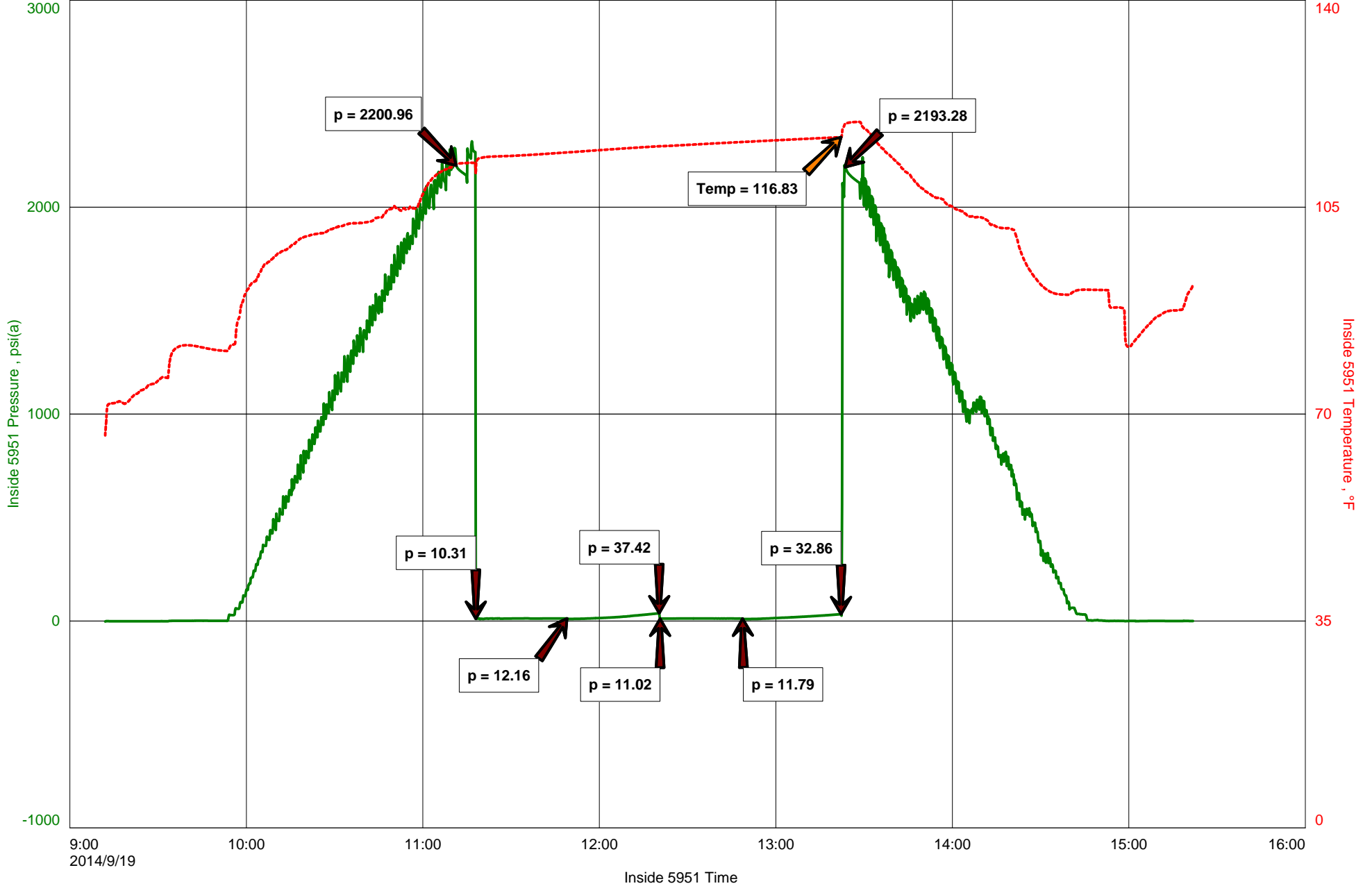
 Price Job _____
 Other Charges _____
JARS, S. JOENT
20 MRT (SCOT CITY)
 Total _____

Time Set Packer(s) 11:20 ^{A.M.} Time Started Off Bottom 1:20 ^{P.M.} Maximum Temperature 117°F

Initial Hydrostatic Pressure..... (A) 2201 P.S.I.
 Initial Flow Period..... Minutes 30 (B) 10 P.S.I. to (C) 12 P.S.I.
 Initial Closed In Period..... Minutes 30 (D) 37 P.S.I.
 Final Flow Period..... Minutes 30 (E) 11 P.S.I. to (F) 12 P.S.I.
 Final Closed In Period..... Minutes 30 (G) 33 P.S.I. THANK YOU!
 Final Hydrostatic Pressure..... (H) 2193 P.S.I. Jake & John

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FARR #2-11, DST #2, FORT SCOTT





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

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

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**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

New Gulf Operating

4-12-32 Logan, Ks

10441 S Regal BLVD
Tulsa, Ok 74133

James 1-4

ATTN: Steve Murphy/ Jim He

Job Ticket: 59045

DST#: 3

Test Start: 2014.10.05 @ 18:30:25

GENERAL INFORMATION:

Formation: **Johnson**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 20:38:25

Time Test Ended: 02:16:25

Test Type: Conventional Bottom Hole (Reset)

Tester: Brandon Turley

Unit No: 60

Interval: 4610.00 ft (KB) To 4646.00 ft (KB) (TVD)

Reference Elevations: 3056.00 ft (KB)

Total Depth: 4646.00 ft (KB) (TVD)

3046.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 10.00 ft

Serial #: 8166 Outside

Press @ Run Depth: 67.66 psig @ 4611.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.10.05

End Date:

2014.10.06

Last Calib.:

2014.10.06

Start Time: 18:30:30

End Time:

02:16:24

Time On Btm:

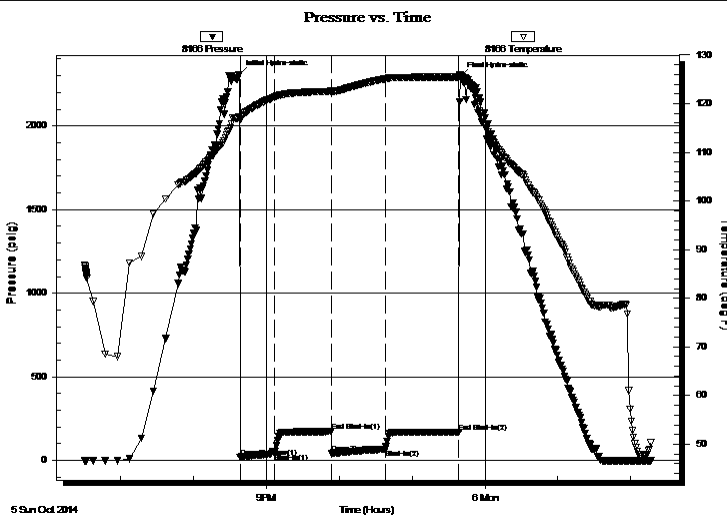
2014.10.05 @ 20:37:55

Time Off Btm:

2014.10.05 @ 23:39:55

TEST COMMENT: IF: BOB in 7 min.
IS: Weak surface blow died in 8 min.
FF: BOB in 4 min.
FS: Surface blow built to 1/2 died in 30 min.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2307.91	117.37	Initial Hydro-static
1	18.73	116.70	Open To Flow (1)
29	42.43	121.35	Shut-In(1)
76	172.86	122.55	End Shut-In(1)
76	42.37	122.50	Open To Flow (2)
120	67.66	125.09	Shut-In(2)
181	170.57	125.46	End Shut-In(2)
182	2294.93	125.84	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
62.00	gocw m 10%g 10%o 5%w 75%m	0.59
62.00	gocm 10%g 10%o 80%w	0.87
30.00	go 5%g 95%o	0.42
0.00	1210 GIP	0.00

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

* Recovery from multiple tests



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

New Gulf Operating

4-12-32 Logan, Ks

10441 S Regal BLVD
Tulsa, Ok 74133

James 1-4

Job Ticket: 59045

DST#: 3

ATTN: Steve Murphy/ Jim He

Test Start: 2014.10.05 @ 18:30:25

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

27 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

0 ppm

Viscosity: 55.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.99 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 4000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
62.00	gocw m 10%g 10%o 5%w 75%m	0.587
62.00	gocm 10%g 10%o 80%w	0.870
30.00	go 5%g 95%o	0.421
0.00	1210 GIP	0.000

Total Length: 154.00 ft

Total Volume: 1.878 bbl

Num Fluid Samples: 0

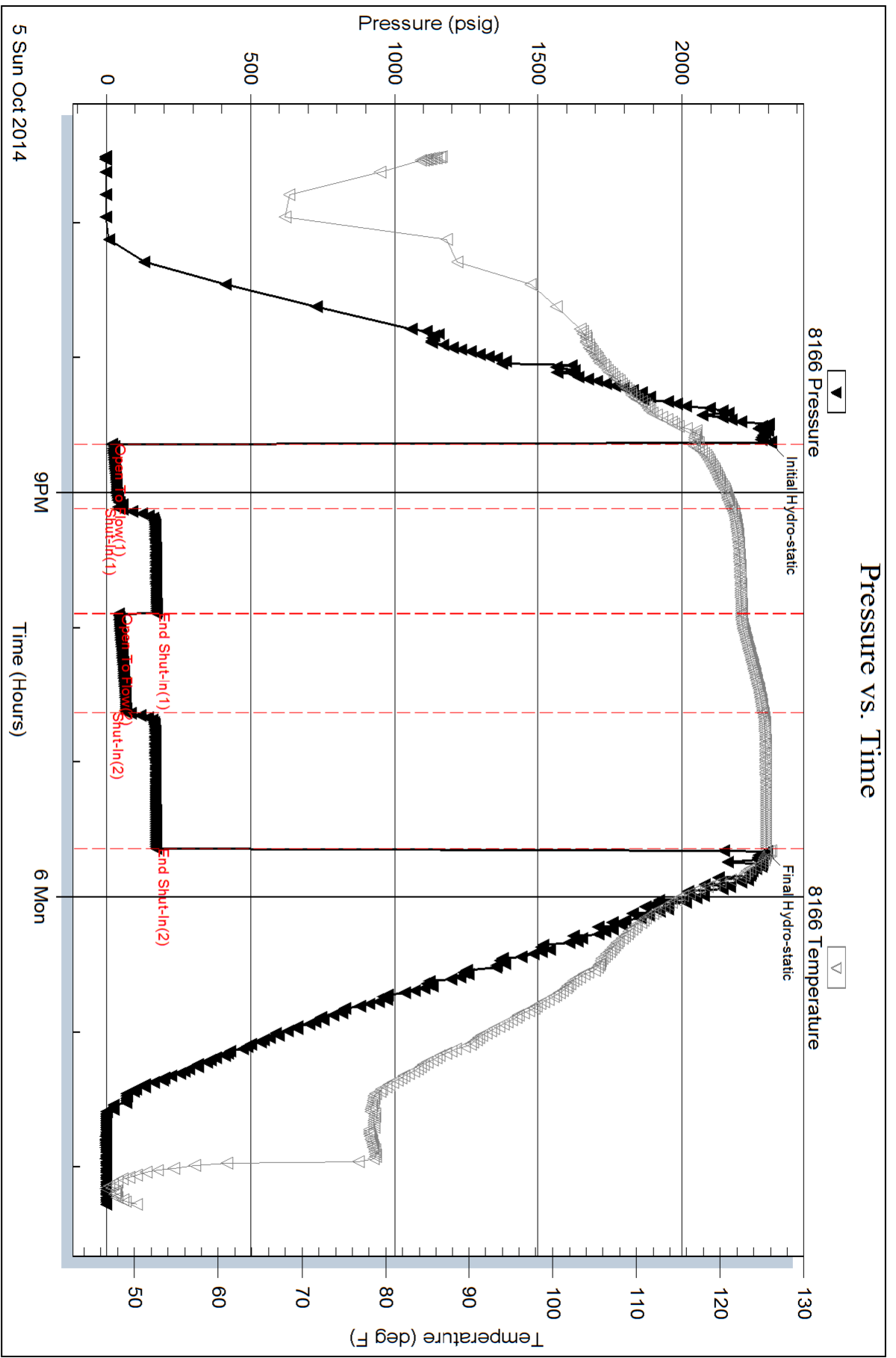
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: 28@50=27





CONSOLIDATED
Oil Well Services, LLC

271603

BCKET NUMBER 46691

LOCATION Oakley Ks

FOREMAN Jerry Y

Ms las

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

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-7-14	5661	Jamas 1-4	4	12	32	Logan
CUSTOMER <u>New Gulf</u>			Oakley Ks S to 25st W to 430 1/2 S with			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			599	Michael R		
STATE			460	B. J. ...		
ZIP CODE			5927127	B. U. S.		
			assist	Collins S		

JOB TYPE 2 Stage HOLE SIZE 7 7/8 HOLE DEPTH 4780 CASING SIZE & WEIGHT 5 1/2 17#
 CASING DEPTH 4777 DRILL PIPE TURNING OTHER DU top 50 @ 2602
 SLURRY WEIGHT 14.2/12.5 SLURRY VOL 1.42/1.89 WATER gal/sk _____ CEMENT LEFT in CASING 44'
 DISPLACEMENT 109.8/60 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig upon Val 4 run float & cement centralizers 1,2,3,6,9,12,15,18,49,51
basket 1/2 way upon 50 DU tool on top of 50 set @ 2602' run casing to bottom pump ball thru
& circ. 1 hr pump 500 gal mud flush, 5661 H₂O mix 200 sks OWC #5 Kol seal
shut down wash pump & lines release plug & displace with 109 1/2 bbl 50 lb 0.59 lb mud had
900# lift plug landed @ 1300# released back & float held shut down for 3 hrs open tool
pump 5661 H₂O mix 200 sks MHT, mix 300 sks Rh, mix 400 sks 60/40 pozmix 8' gel 1/4 #
Closeal shutdown release plug wash pump & lines & displace with 60 bbl water 600#
lift plug landed & tool closed @ 1500# released back & float held circulated
approx 30' sks to pit
Thank you Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401c	1	PUMP CHARGE	3175 ⁰⁰	3175 ⁰⁰
5406	20	MILEAGE	5 ²⁵	105 ⁰⁰
5407A	28 3/4	ton mileage delivery	1 ⁷⁵	1006 ²⁵
1126	200 sks	OWC	23 ⁷⁰	4740 ⁰⁰
1110A	1000 #	Kol seal	56	5600 ⁰⁰
1131	450 sks	60/40 pozmix	15 ⁸⁶	7137 ⁰⁰
1118b	3096 #	gel	27	8359 ²
1107	113 #	Flow seal	292	3351 ¹
1144G	500 gal	mud flush	1 ⁰⁰	500 ⁰⁰
4159	1	5 1/2 AFU float shoe (w)	433 ²⁵	433 ²⁵
4130	10	5 1/2 centralizers (w)	61 ⁰⁰	610 ⁰⁰
4104	1	5 1/2 basket (w)	290 ⁰⁰	290 ⁰⁰
4454	1	5 1/2 latch downassy (w)	567 ⁰⁰	567 ⁰⁰
4277A	1	5 1/2 stage collar (w)	490 ⁰⁰	490 ⁰⁰
		SN 59055698-01	565 ¹⁰	2519 ⁶⁰
		leas 10% disc		2519 ⁵⁴
		sub total		22676 ⁸⁸
		SALES TAX		1439 ⁶⁷
		ESTIMATED TOTAL		24115 ⁶⁰

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AUTHORIZATION Ronnie Jones 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

271383

TICKET NUMBER 46680
LOCATION Oakley, KS
FOREMAN Jerry K

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
9-26-14	5661	JAMES 1-4	4	12	32	Logan
CUSTOMER		New Gulf Oakley, KS to west 1 1/2 S winds	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			4560T118	Relly G		
CITY			460	Chuck		
STATE			9551st	Larry		
ZIP CODE						

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 268 CASING SIZE & WEIGHT 8 3/8 24#
CASING DEPTH 268 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 14.8 SLURRY VOL 1.24 WATER gal/sk _____ CEMENT LEFT In CASING 20#
DISPLACEMENT 15 3/4 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on rig approx 10:45 break circulation with rig down hose kept track on mix 200 sgs con class cement with 3% CC 2% gel wash apt displac with 15 3/4 bbl H₂O & shorten circulated approx 4 bbl to pit

Cement did circulate

Thank you
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1150.00	1150.00 ✓
5406	20	MILEAGE	5.27	105.54 ✓
5407	9.4	ton mileage delivery (min)	450.00	4230.00 ✓
11045	200 sgs	con class cement	18.55	3710.00 ✓
11056	376 564#	CC gel	27	10153 ✓
1102	564#	CC	94	53016 ✓
			546 total	6026.68
			12550% disc	602.68 ✓
			subtotal	5424.00 ✓
Angel R. Ramirez				
			SALES TAX	298.94 ✓
			ESTIMATED TOTAL	5722.94 ✓

Revin 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.

TERMS

In consideration of the prices to be charged for Consolidated Oil Well Services, LLC (COWS) services, equipment and products and for the performance of services and supplying of materials, Customer agrees to the following terms and conditions.

Terms. Cash in advance unless satisfactory credit is established. On credit sales, invoices are payable within 30 days of the invoice date. On all invoices not paid within 30 days, Customer agrees to pay COWS interest at the rate of 18% per annum or the maximum rate allowed by law, whichever is higher. In the event COWS retains an attorney to pursue collection of any account, Customer agrees to pay all collection costs and attorney's fees incurred by COWS.

Any applicable federal, state or local sales, use occupation, consumer's or emergency taxes shall be added to the quoted price. All process license fees required to be paid to others will be added to the scheduled prices.

All COWS' prices are subject to change without notice.

SERVICE CONDITIONS

Customer warrants that the well is in proper condition to receive the services, equipment, products and materials to be supplied by COWS. The Customer shall at all time have complete care, custody, and control of the well, the drilling and production equipment at the well, and the premises about the well. A responsible representative of the Customer shall be present to specify depths, pressures, or materials used for any service which is to be performed.

(a) COWS shall not be responsible for any claim, cause of action or demand (hereinafter referred to as a 'claim') for damage to property, or injury to or death of employees and representatives, of Customer or the well owner (if different from Customer), unless such damage, injury or death is caused by the willful misconduct or gross negligence of COWS, including but not limited to sub-surface damage and surface damage arising from sub-surface damage.

(b) Unless a claim is the result of the sole willful misconduct or gross negligence of COWS, Customer shall be responsible for and indemnify and hold COWS harmless from any claim for: (1) reservoir loss or damage, or property damage resulting from sub-surface pressure, losing control of the well and/or a well blowout; (2) damages as a result of a subsurface trespass, or an action in the nature thereof, arising from a service operation performed by COWS; (3) injury to or death of persons, other than employees of COWS, or damage to property (including, but not limited to, injury to the well), or any damages, whatsoever, irrespective of cause, growing out of or in any way connected with the use of radioactive material in the well hole; and (4) well damage or reservoir damage caused by (i) loss of circulation, cement invasion, cement misplacement, pumping cement or cement plugs on wells with loss of circulation, including the failure to displace plug to proper depth, (ii) sub-surface pressure and resulting failure to complete pumping of cement or cement plug, including dehydration of cement slurry or flashing, plugged float shoe, annulus bridging or plugging, or (iii) down hole tools being lost or left in the well, or becoming stuck in the well for any reason and by any cause. COWS may furnish down hole tools and may supply supervision for the running and placement of such tools but will not be liable for any damage, loss or result caused by the use of such tools.

Furthermore, Customer will be responsible for the cost to replace such tools if they are lost or left in the well.

(c) COWS makes no guarantee of the effectiveness of any COWS' products, supplies or materials, or the results of any COWS' treatment or services.

(d) Because of the uncertainty of variable well conditions and the necessity of relying on facts and supporting services furnished by others, COWS is unable to guarantee the accuracy of any chart interpretation, research, analysis, job recommendation or other data furnished by COWS. COWS' personnel will use their best efforts in gathering such information and their best judgement in interpreting it, but Customer agrees that COWS shall not be responsible for any damage arising from the use of such information except where due to COWS' gross negligence or willful misconduct in the preparation or furnishing of it.

(e) COWS may buy and re-sell to Customer down hole equipment, including but not limited to float equipment, DV tools, port collars, type A & B packers, and Customer agrees that COWS is not an agent or dealer for the companies who manufacture such items, and further agrees that Customer shall be solely responsible for and indemnify COWS against any claim, with regard to the effectiveness, malfunction of, or functionality of such items.

WARRANTIES - LIMITATION OF LIABILITY

COWS warrants title to the products, supplies and materials, and that the same are free from defects in workmanship and materials. THERE ARE NO OTHER WARRANTIES, EXPRESS OR IMPLIED, NOR ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR PURPOSE WHICH EXTEND BEYOND THOSE STATED IN THE IMMEDIATELY PRECEDING SENTENCE. COWS's liability and Customer's exclusive remedy in any claim (whether in contract, tort, breach of warranty or otherwise,) arising out of the sale or use of any COWS' products, supplies, materials or services is expressly limited to the replacement of such products, supplies, materials or services or their return to COWS or, at COWS' option, an allowance to Customer of credit for the cost of such items.

Customer waives and releases all claims against COWS for any special, incidental, indirect, consequential or punitive damages.