

Confidentiality Requested:

Yes No

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

Form ACO-1

January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	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> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Gulf Exploration, LLC
Well Name	LYMAN 1-10
Doc ID	1321388

Tops

Name	Top	Datum
ANHYDRITE	2971	+406
TOPEKA	3992	-615
LANSING	4212	-835
J ZONE	4386	-1009
K ZONE	4403	-1041
BASE/KC	4487	-1110
MARMATON	4498	-1121
PAWNEE	4575	-1198
CHEROKEE	4654	-1277
MISSISSIPPIAN	4821	-1444
ARBUCKLE	5120	-1743
GRANITE	5452	-2075

Form	ACO1 - Well Completion
Operator	Gulf Exploration, LLC
Well Name	LYMAN 1-10
Doc ID	1321388

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4474-4478	500 Gallons 15% MCA & 2000 Gallons 15% NEFE	4474
	CIBP		4458
4	4420-4424	500 Gallons 15% MCA	4420
	CIBP		4410
4	4346-4351	500 Gallons 15% MCA	4346



Company _____ Lease & Well No. _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ Range _____ County _____ State _____
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft
Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ psi.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ psi.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor _____ Drill Collar Length _____ ft I.D. _____ in.
Mud Type _____ Viscosity _____ Weight Pipe Length _____ ft I.D. _____ in.
Weight _____ Water Loss _____ cc. Drill Pipe Length _____ ft I.D. _____ in.
Chlorides _____ P.P.M. Test Tool Length _____ ft Tool Size _____ in.
Jars: Make _____ Serial Number _____ Anchor Length _____ ft. Size _____ in.
Did Well Flow? _____ Reversed Out _____ Surface Choke Size _____ in. Bottom Choke Size _____ in.
Main Hole Size _____ in. Tool Joint Size _____ in.

Blow: _____

Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Remarks _____

Time Set Packer(s) _____ Time Started off Bottom _____ 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.



Hoisington, Kansas

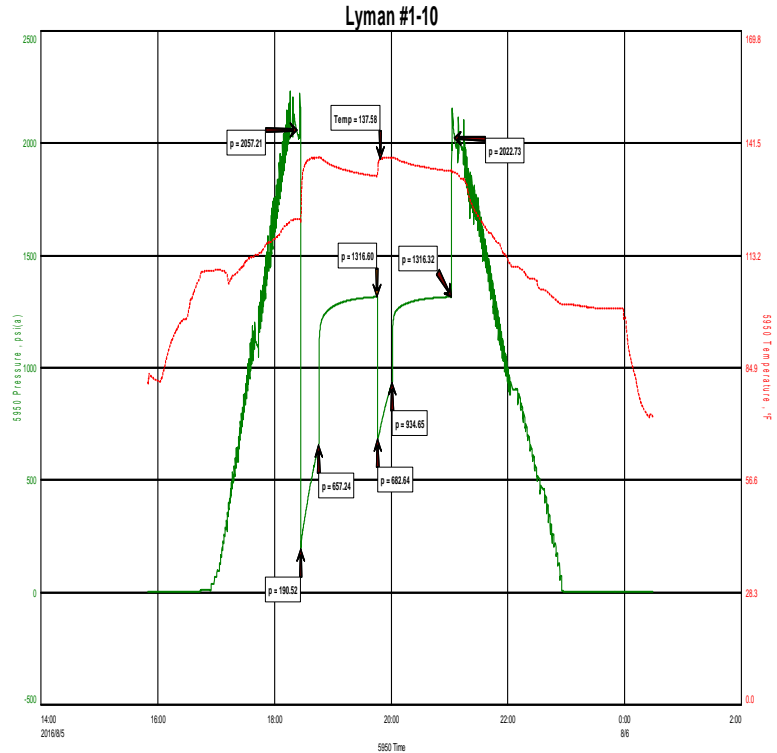
Michael Carroll
620-617-0368
carroll.dtlc@gmail.com

General Information

Company Name Gulf Exploration, LLC

Contact Pat McGraw
Well Name Lyman #1-10
Unique Well ID Dst #2 Lans/KC "H-K" 4310-4421'
Surface Location Sec 10-7s-36w Thomas County
Field Wildcat
Well Type Vertical
Test Type Drill Stem Test
Well Operator Gulf Exploration, LLC

Formation Dst #2 Lans/KC "H-K" 4310-4421'
Well Fluid Type 06 Water
Test Purpose Initial Test
Start Test Date 2016/08/04
Start Test Time 15:50:00
Final Test Time 00:30:00
Job Number P0116
Report Date 2016/08/04
Prepared By Michael Carroll



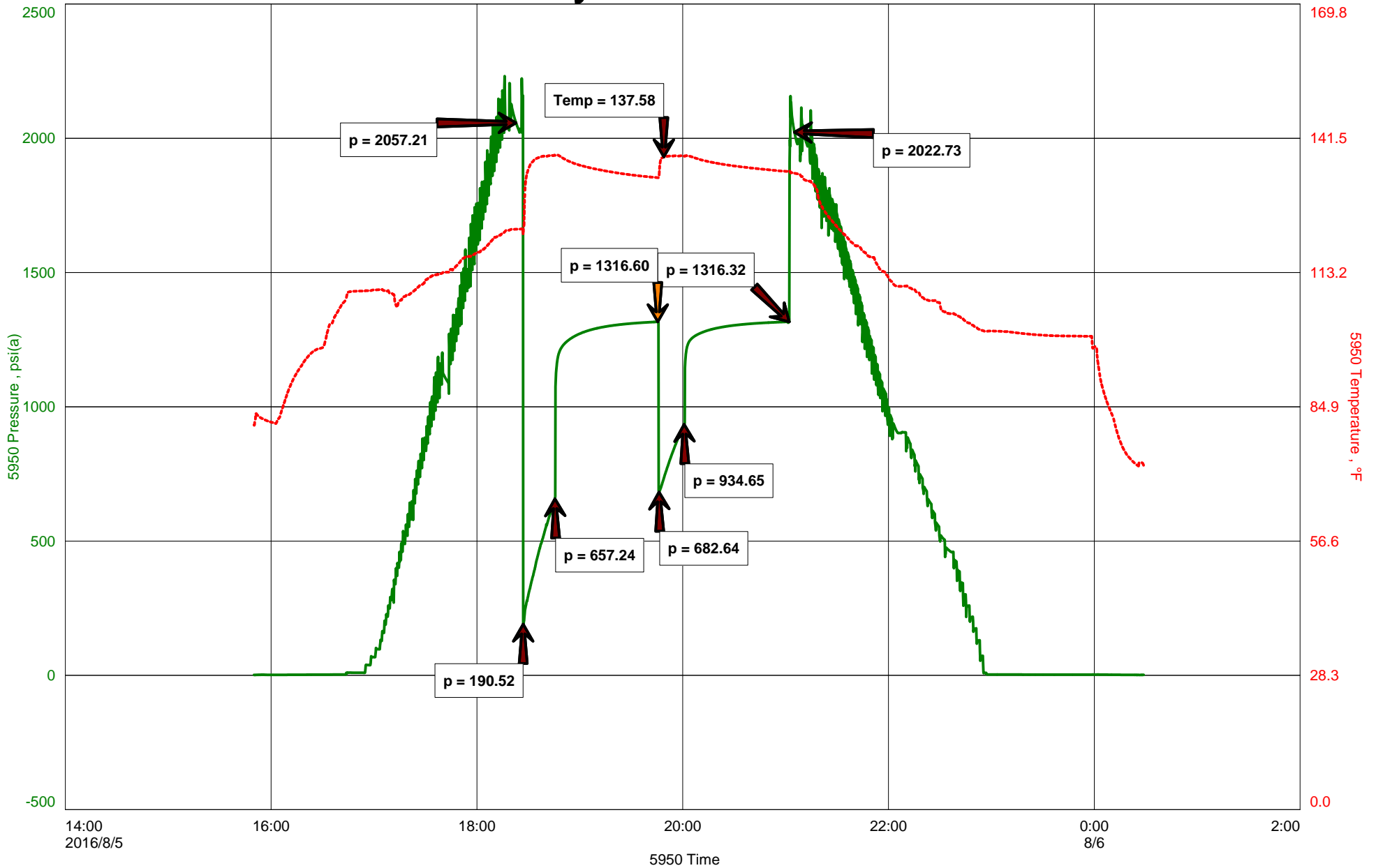
TEST RECOVERY

Remarks Recovery:	134'	MW	69% W	31% M
	252'	MCW	92% W	8% M
	1512'	W	100% W	
	1898'	Total Fluid		

Sampler Recovery: 4000 ML Water
 Psi: 70

Chlorides: 79,000 PPM
PH: 7
RW: .1 @ 65 Degrees

Lyman #1-10





Company _____ Lease & Well No. _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ Range _____ County _____ State _____
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft
Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ psi.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ psi.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor _____ Drill Collar Length _____ ft I.D. _____ in.
Mud Type _____ Viscosity _____ Weight Pipe Length _____ ft I.D. _____ in.
Weight _____ Water Loss _____ cc. Drill Pipe Length _____ ft I.D. _____ in.
Chlorides _____ P.P.M. Test Tool Length _____ ft Tool Size _____ in.
Jars: Make _____ Serial Number _____ Anchor Length _____ ft. Size _____ in.
Did Well Flow? _____ Reversed Out _____ Surface Choke Size _____ in. Bottom Choke Size _____ in.
Main Hole Size _____ in. Tool Joint Size _____ in.

Blow: _____

Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Remarks _____

Time Set Packer(s) _____ Time Started off Bottom _____ 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.



Hoisington, Kansas

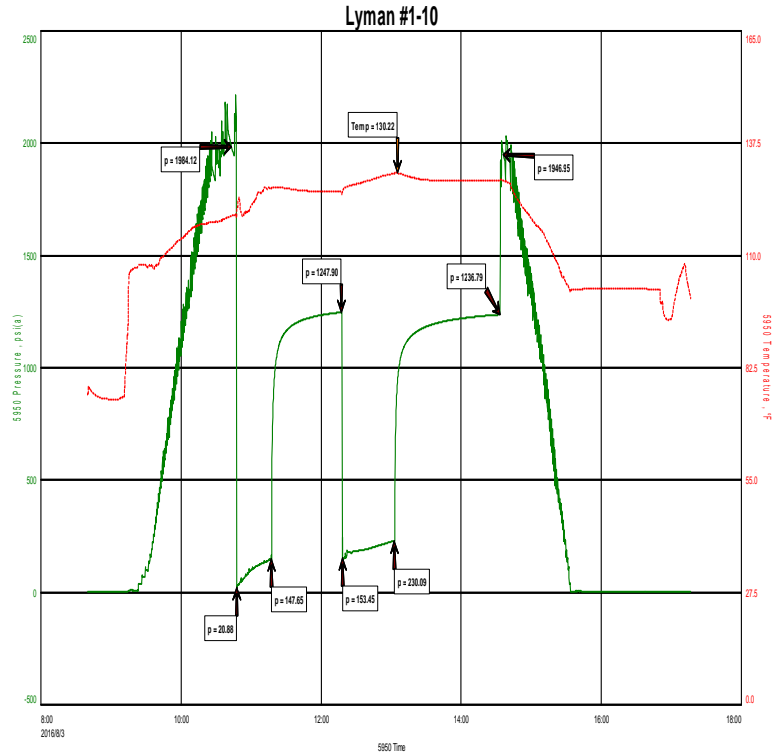
Michael Carroll
620-617-0368
carroll.dtlc@gmail.com

General Information

Company Name Gulf Exploration, LLC

Contact Pat McGraw
Well Name Lyman #1-10
Unique Well ID Dst #1 Lans "A-F" 4198-4285'
Surface Location Sec 10-7s-36w Thomas County
Field Wildcat
Well Type Vertical
Test Type Drill Stem Test
Well Operator Gulf Exploration, LLC

Formation Dst #1 Lans "A-F" 4198-4285'
Well Fluid Type 06 Water
Test Purpose Initial Test
Start Test Date 2016/08/03
Start Test Time 08:40:00
Final Test Time 17:15:00
Job Number P0115
Report Date 2016/08/03
Prepared By Michael Carroll



TEST RECOVERY

Remarks	Recovery:	98'	MW	62% W	38% M
		126'	WM	35% W	65% M
		187'	MCW	92% W	8% M
		411'	Total Fluid		

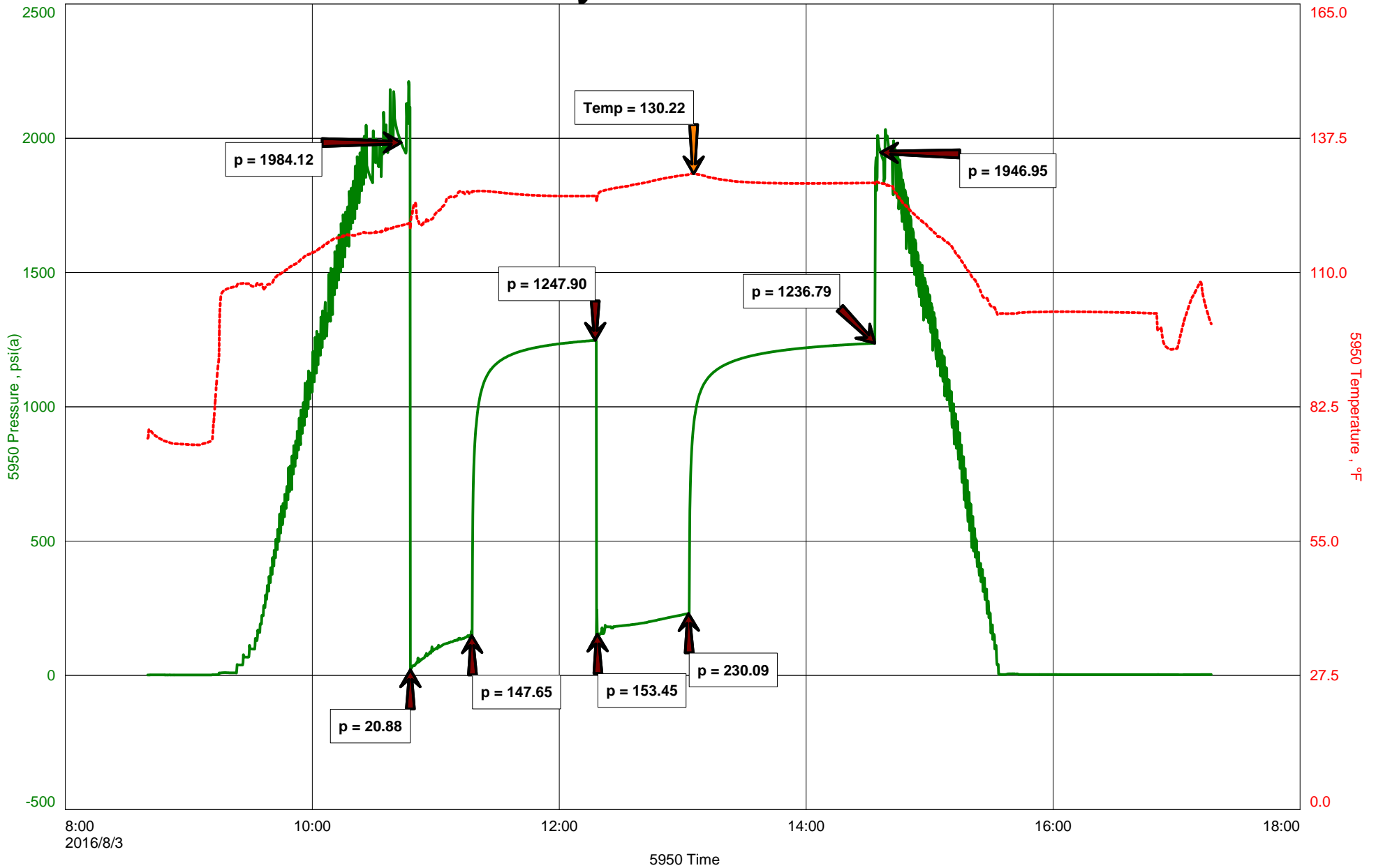
Sampler Recovery: 2500 ML Water
 1500 ML Mud
 Psi: 100

Chlorides: 52,000 PPM
PH: 8
RW: .13 @ 80 Degrees

Gulf Exploration, LLC
Dst #1 Lans "A-F" 4198-4285'
Start Test Date: 2016/08/03
Final Test Date: 2016/08/03

Lyman #1-10
Formation: Dst #1 Lans "A-F" 4198-4285'
Pool: Wildcat
Job Number: P0115

Lyman #1-10





Company _____ Lease & Well No. _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ Range _____ County _____ State _____
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft
Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ psi.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ psi.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor _____ Drill Collar Length _____ ft I.D. _____ in.
Mud Type _____ Viscosity _____ Weight Pipe Length _____ ft I.D. _____ in.
Weight _____ Water Loss _____ cc. Drill Pipe Length _____ ft I.D. _____ in.
Chlorides _____ P.P.M. Test Tool Length _____ ft Tool Size _____ in.
Jars: Make _____ Serial Number _____ Anchor Length _____ ft. Size _____ in.
Did Well Flow? _____ Reversed Out _____ Surface Choke Size _____ in. Bottom Choke Size _____ in.
Main Hole Size _____ in. Tool Joint Size _____ in.

Blow: _____

Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Remarks _____

Time Set Packer(s) _____ Time Started off Bottom _____ 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.



Hoisington, Kansas

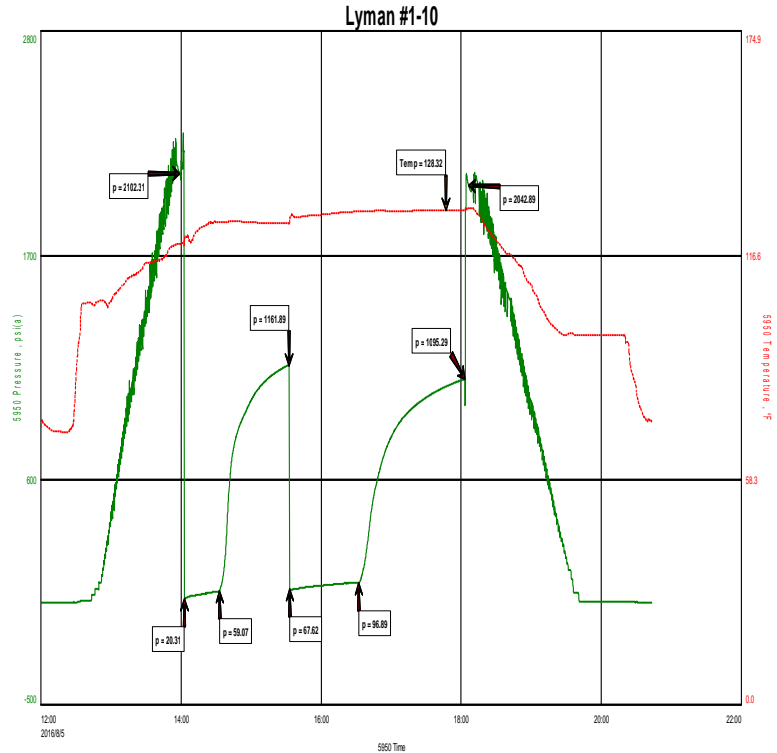
Michael Carroll
620-617-0368
carroll.dtlc@gmail.com

General Information

Company Name Gulf Exploration, LLC

Contact	Pat McGraw
Well Name	Lyman #1-10
Unique Well ID	Dst #3 "L"-Marmaton Top 4421-4505'
Surface Location	Sec 10-7s-36w Thomas County
Field	Wildcat
Well Type	Vertical
Test Type	Drill Stem Test
Well Operator	Gulf Exploration, LLC

Formation	Dst #3 "L"-Marmaton Top 4421-4505'
Well Fluid Type	01 Oil
Test Purpose	Initial Test
Start Test Date	2016/08/05
Start Test Time	12:00:00
Final Test Time	20:45:00
Job Number	P0117
Report Date	2016/08/05
Prepared By	Michael Carroll



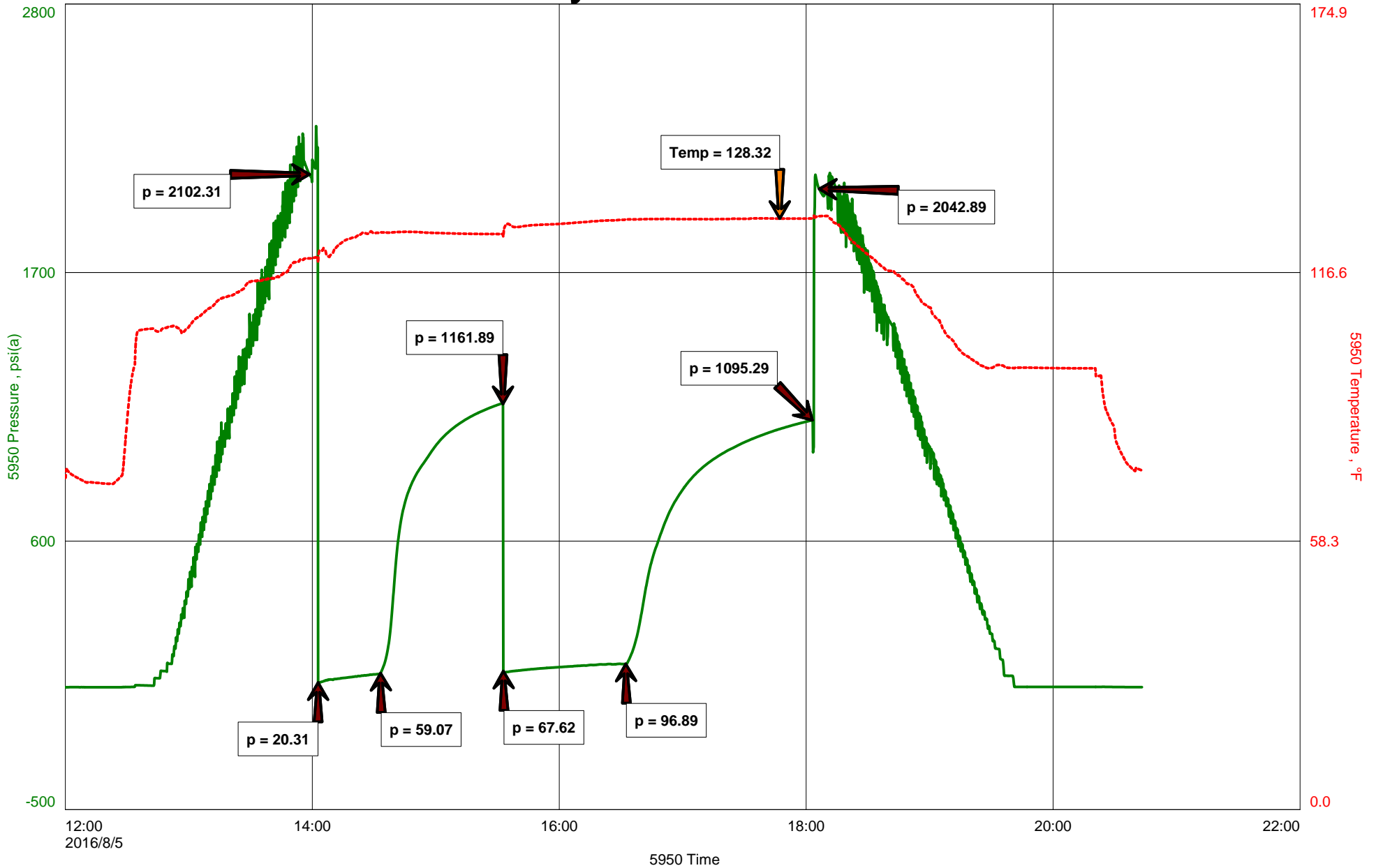
TEST RECOVERY

Remarks	Recovery:	118'	Gas In Pipe
		62'	Clean Oil Gravity: 39 @ 60 Degrees
		8'	MO 64% O 36% M
		62'	OCM 22% O 78% M
		63'	OCWM 8% O 32% W 60% M
		195'	Total Fluid

Sampler Recovery: 2000 ML Oil
 1500 ML Water
 500 ML Mud
 Psi: 195

Chlorides: 27,000 PPM
PH: 8
RW: .25 @ 70 Degrees

Lyman #1-10





Company _____ Lease & Well No. _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ Range _____ County _____ State _____
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft
Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ psi.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ psi.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor _____ Drill Collar Length _____ ft I.D. _____ in.
Mud Type _____ Viscosity _____ Weight Pipe Length _____ ft I.D. _____ in.
Weight _____ Water Loss _____ cc. Drill Pipe Length _____ ft I.D. _____ in.
Chlorides _____ P.P.M. Test Tool Length _____ ft Tool Size _____ in.
Jars: Make _____ Serial Number _____ Anchor Length _____ ft. Size _____ in.
Did Well Flow? _____ Reversed Out _____ Surface Choke Size _____ in. Bottom Choke Size _____ in.
Main Hole Size _____ in. Tool Joint Size _____ in.

Blow: _____

Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Remarks _____

Time Set Packer(s) _____ Time Started off Bottom _____ 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.



Hoisington, Kansas

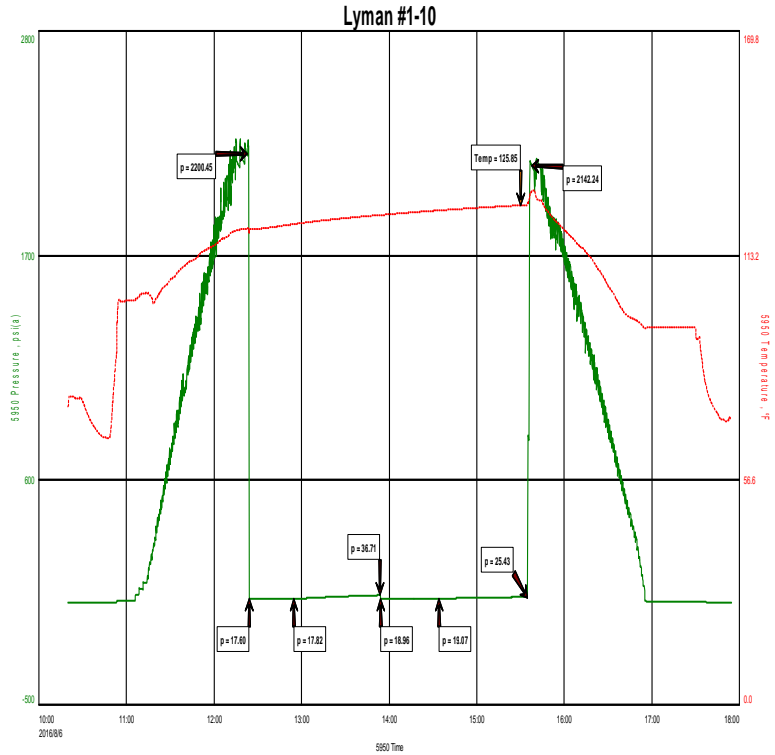
Michael Carroll
620-617-0368
carroll.dtlc@gmail.com

General Information

Company Name Gulf Exploration, LLC

Contact	Pat McGraw
Well Name	Lyman #1-10
Unique Well ID	Dst #4 Marm-Pawnee 4502-4581'
Surface Location	Sec 10-7s-36w Thomas County
Field	Wildcat
Well Type	Vertical
Test Type	Drill Stem Test
Well Operator	Gulf Exploration, LLC

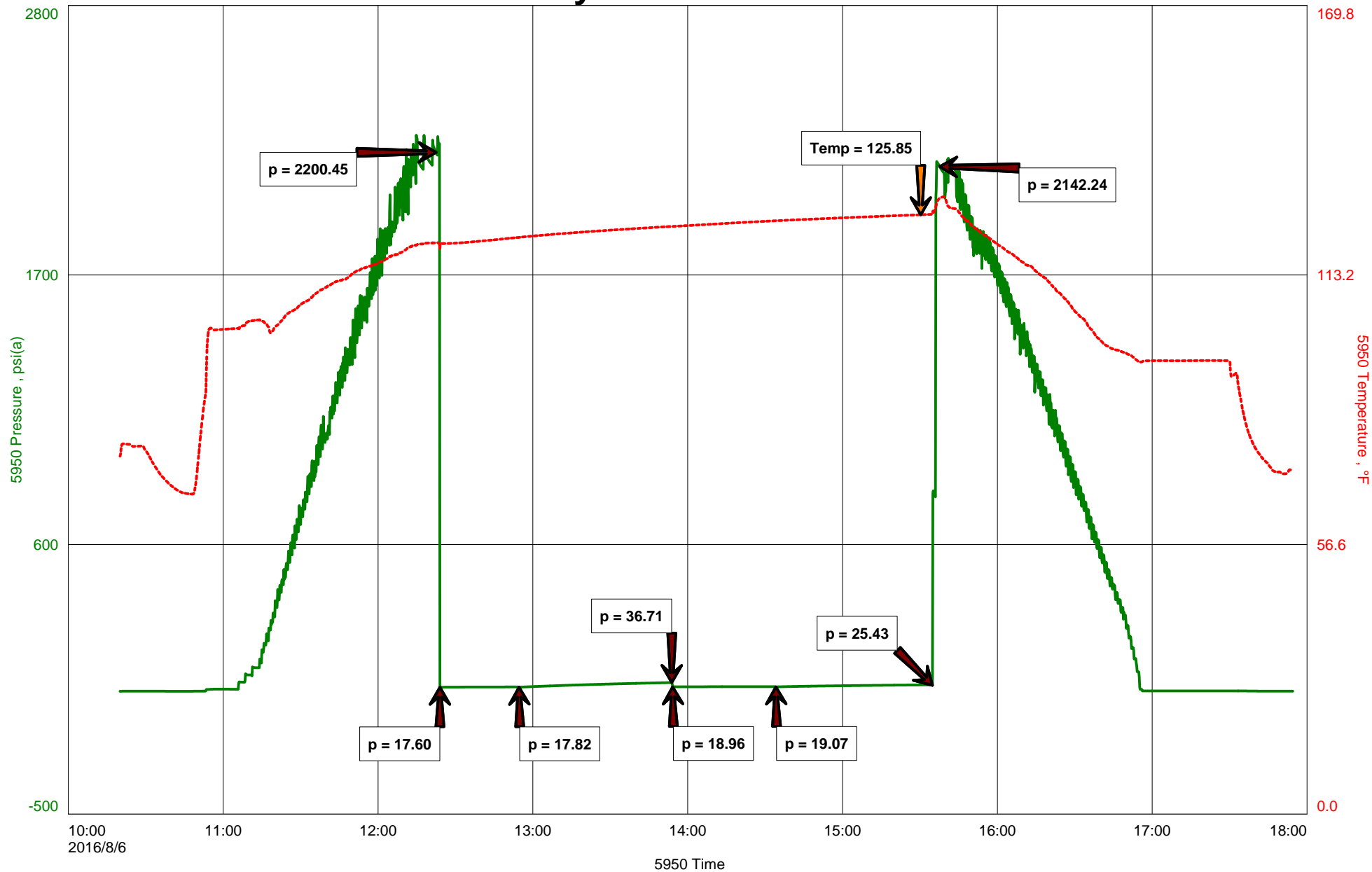
Formation	Dst #4 Marm-Pawnee 4502-4581'
Well Fluid Type	01 Oil
Test Purpose	Initial Test
Start Test Date	2016/08/06
Start Test Time	10:20:00
Final Test Time	17:55:00
Job Number	P0118
Report Date	2016/08/06
Prepared By	Michael Carroll



TEST RECOVERY

Remarks	Recovery:	2'	Mud	100% M With Oil Specks
		2'	Total Fluid	
	Sampler Recovery:	4000 ML	Mud	
		Psi:	0	

Lyman #1-10





Company _____ Lease & Well No. _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ Range _____ County _____ State _____
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft
Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ psi.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ psi.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor _____ Drill Collar Length _____ ft I.D. _____ in.
Mud Type _____ Viscosity _____ Weight Pipe Length _____ ft I.D. _____ in.
Weight _____ Water Loss _____ cc. Drill Pipe Length _____ ft I.D. _____ in.
Chlorides _____ P.P.M. Test Tool Length _____ ft Tool Size _____ in.
Jars: Make _____ Serial Number _____ Anchor Length _____ ft. Size _____ in.
Did Well Flow? _____ Reversed Out _____ Surface Choke Size _____ in. Bottom Choke Size _____ in.
Main Hole Size _____ in. Tool Joint Size _____ in.

Blow: _____

Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Remarks _____

Time Set Packer(s) _____ Time Started off Bottom _____ 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.



Michael Carroll
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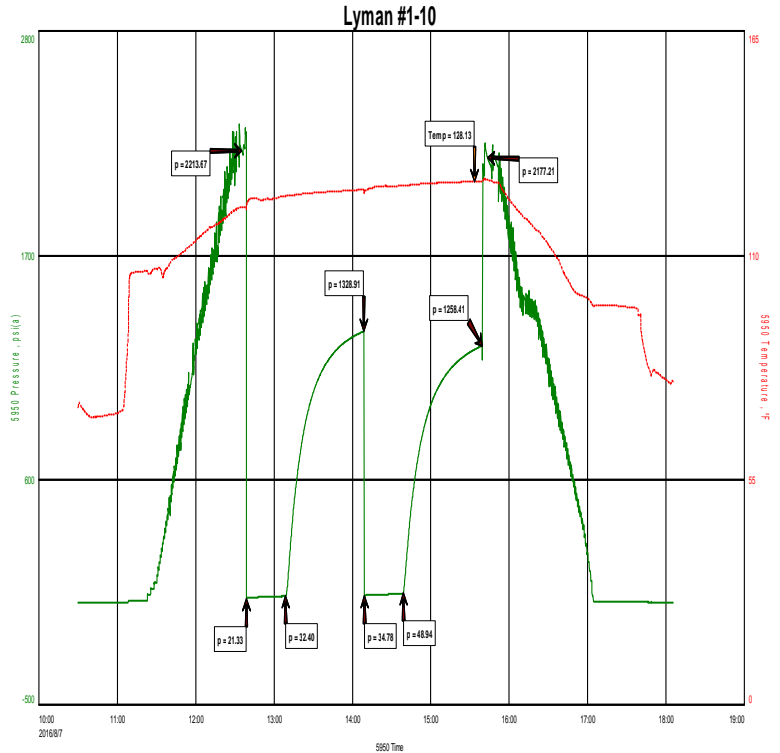
Hoisington, Kansas

General Information

Company Name Gulf Exploration, LLC

Contact	Pat McGraw
Well Name	Lyman #1-10
Unique Well ID	Dst #5 Ft. Scott/Chero 4581-4710'
Surface Location	Sec 10-7s-36w Thomas County
Field	Wildcat
Well Type	Vertical
Test Type	Drill Stem Test
Well Operator	Gulf Exploration, LLC

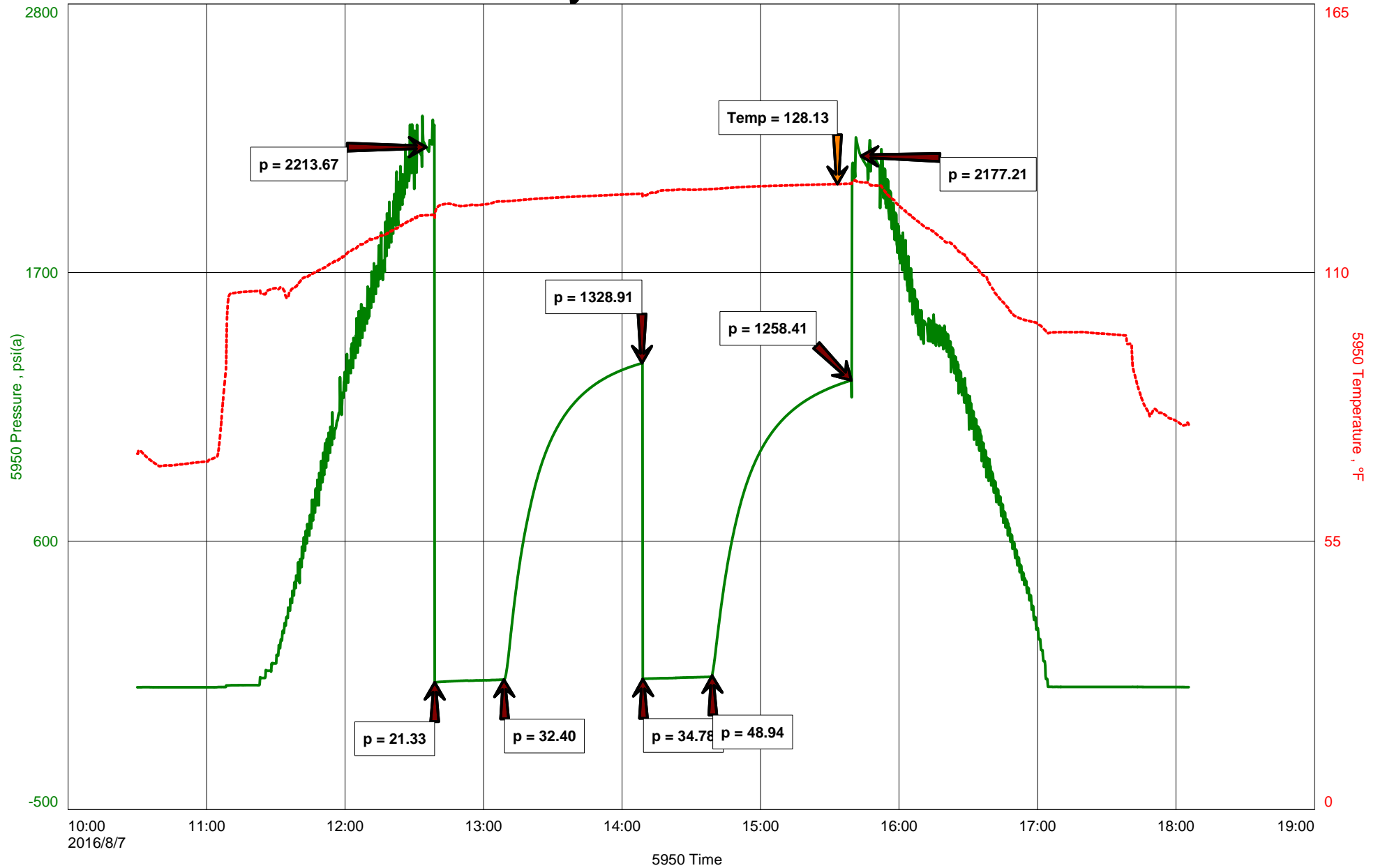
Formation	Dst #5 Ft. Scott/Chero 4581-4710'
Well Fluid Type	01 Oil
Test Purpose	Initial Test
Start Test Date	2016/08/07
Start Test Time	10:30:00
Final Test Time	18:05:00
Job Number	P0119
Report Date	2016/08/07
Prepared By	Michael Carroll



TEST RECOVERY

Remarks	Recovery:	60'	Mud	100% M	With Oil Specks
		60'	Total Fluid		
	Sampler Recovery:	4000 ML	Mud	With Oil Specks	
		Psi:	175		

Lyman #1-10





Company _____ Lease & Well No. _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ Range _____ County _____ State _____
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft
Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ psi.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ psi.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor _____ Drill Collar Length _____ ft I.D. _____ in.
Mud Type _____ Viscosity _____ Weight Pipe Length _____ ft I.D. _____ in.
Weight _____ Water Loss _____ cc. Drill Pipe Length _____ ft I.D. _____ in.
Chlorides _____ P.P.M. Test Tool Length _____ ft Tool Size _____ in.
Jars: Make _____ Serial Number _____ Anchor Length _____ ft. Size _____ in.
Did Well Flow? _____ Reversed Out _____ Surface Choke Size _____ in. Bottom Choke Size _____ in.
Main Hole Size _____ in. Tool Joint Size _____ in.

Blow: _____

Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Remarks _____

Time Set Packer(s) _____ Time Started off Bottom _____ 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.



Hoisington, Kansas

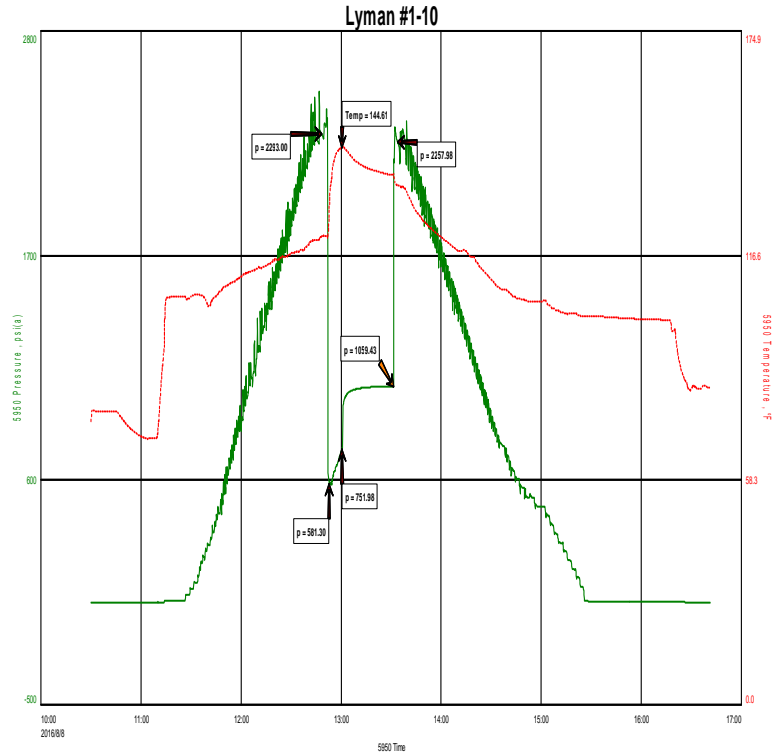
Michael Carroll
620-617-0368
carroll.dtlc@gmail.com

General Information

Company Name Gulf Exploration, LLC

Contact	Pat McGraw
Well Name	Lyman #1-10
Unique Well ID	Dst #6 Basal Penn 4707-4826'
Surface Location	Sec 10-7s-36w Thomas County
Field	Wildcat
Well Type	Vertical
Test Type	Drill Stem Test
Well Operator	Gulf Exploration, LLC

Formation	Dst #6 Basal Penn 4707-4826'
Well Fluid Type	06 Water
Test Purpose	Initial Test
Start Test Date	2016/08/08
Start Test Time	10:30:00
Final Test Time	16:40:00
Job Number	P0120
Report Date	2016/08/08
Prepared By	Michael Carroll



TEST RECOVERY

Remarks	Recovery:	252'	WCM	18% W	82% M
		378'	MW	63% W	37% M
		693'	MCW	95% W	5% M
		1323'	Total Fluid		

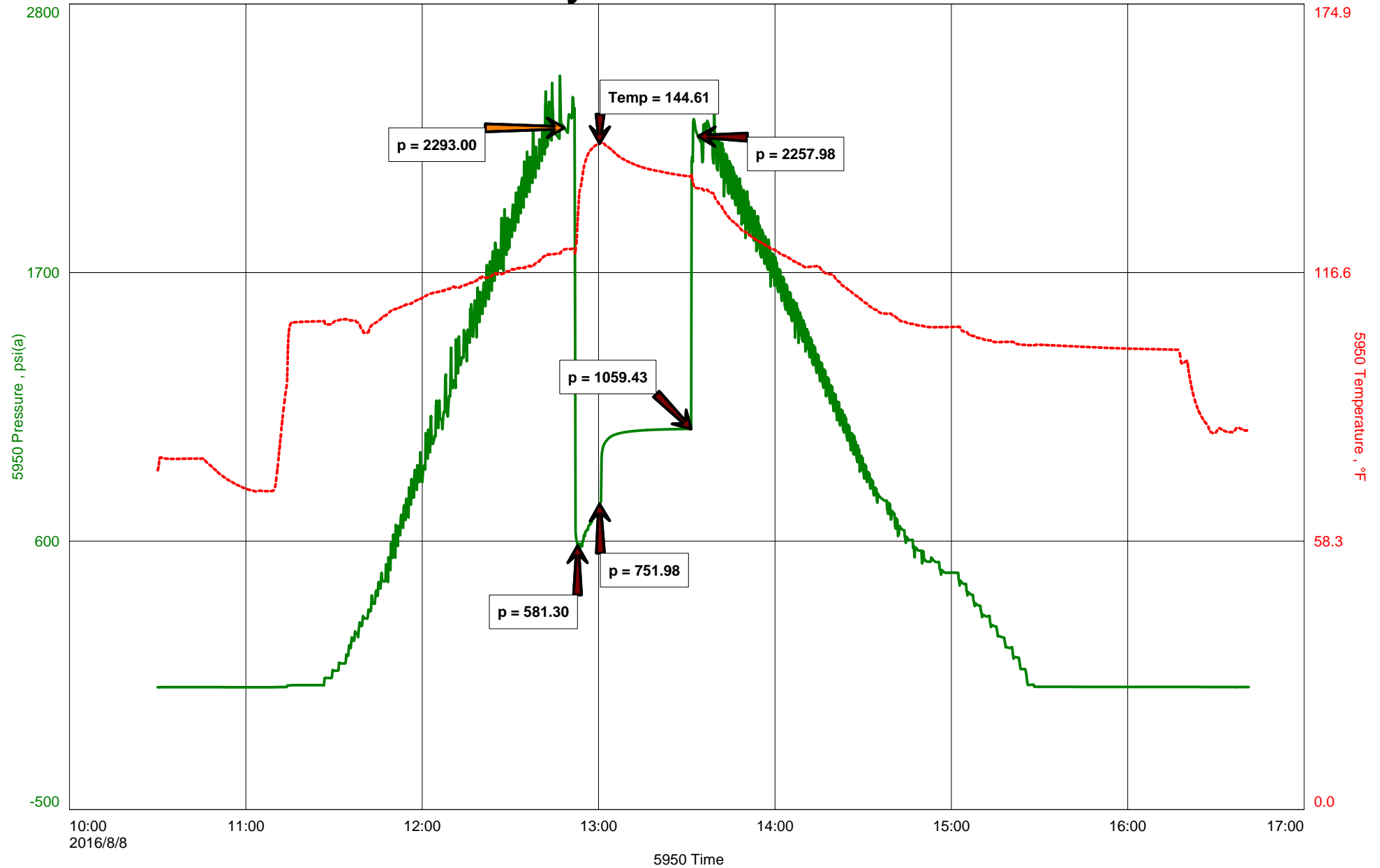
Sampler Recovery: **3700 ML Water**
 500 ML Mud
 Psi: 40

Chlorides: 53,000 PPM
PH: 7
RW: .15 @ 70 Degrees

Gulf Exploration, LLC
Dst #6 Basal Penn 4707-4826'
Start Test Date: 2016/08/08
Final Test Date: 2016/08/08

Lyman #1-10
Formation: Dst #6 Basal Penn 4707-4826'
Pool: Wildcat
Job Number: P0120

Lyman #1-10



Company: Gulf Exploration LLC
Lease/Field: WY 1176 FEL
Location: Thomas County, Kansas
AP# No.: 1549520660

Well: 9.2
Depth: 5531 feet
Completion: 5531 feet

Drill Log: 5531 feet
Core Log: 5531 feet
SPUD/CDMP: 301 July / 11 August 2016
SPUD/CDMP: 5531 / 5531 feet
SPUD/CDMP: 5531 / 5531 feet

CONTINENTAL ENERGY SERVICES
 4155 N. 17th Street, Suite 1017, Shawnee, KS 66205
 Phone: 913.241.1000
 Fax: 913.241.1001
 Email: info@continentalenergy.com

FORMATION TOPS & ELEVATIONS

Formation	Top Elevation (feet)	Bottom Elevation (feet)	Thickness (feet)
5531	5531	5531	0
5520	5520	5531	11
5510	5510	5520	10
5500	5500	5510	10
5490	5490	5500	10
5480	5480	5490	10
5470	5470	5480	10
5460	5460	5470	10
5450	5450	5460	10
5440	5440	5450	10
5430	5430	5440	10
5420	5420	5430	10
5410	5410	5420	10
5400	5400	5410	10
5390	5390	5400	10
5380	5380	5390	10
5370	5370	5380	10
5360	5360	5370	10
5350	5350	5360	10
5340	5340	5350	10
5330	5330	5340	10
5320	5320	5330	10
5310	5310	5320	10
5300	5300	5310	10
5290	5290	5300	10
5280	5280	5290	10
5270	5270	5280	10
5260	5260	5270	10
5250	5250	5260	10
5240	5240	5250	10
5230	5230	5240	10
5220	5220	5230	10
5210	5210	5220	10
5200	5200	5210	10
5190	5190	5200	10
5180	5180	5190	10
5170	5170	5180	10
5160	5160	5170	10
5150	5150	5160	10
5140	5140	5150	10
5130	5130	5140	10
5120	5120	5130	10
5110	5110	5120	10
5100	5100	5110	10
5090	5090	5100	10
5080	5080	5090	10
5070	5070	5080	10
5060	5060	5070	10
5050	5050	5060	10
5040	5040	5050	10
5030	5030	5040	10
5020	5020	5030	10
5010	5010	5020	10
5000	5000	5010	10
4990	4990	5000	10
4980	4980	4990	10
4970	4970	4980	10
4960	4960	4970	10
4950	4950	4960	10
4940	4940	4950	10
4930	4930	4940	10
4920	4920	4930	10
4910	4910	4920	10
4900	4900	4910	10
4890	4890	4900	10
4880	4880	4890	10
4870	4870	4880	10
4860	4860	4870	10
4850	4850	4860	10
4840	4840	4850	10
4830	4830	4840	10
4820	4820	4830	10
4810	4810	4820	10
4800	4800	4810	10
4790	4790	4800	10
4780	4780	4790	10
4770	4770	4780	10
4760	4760	4770	10
4750	4750	4760	10
4740	4740	4750	10
4730	4730	4740	10
4720	4720	4730	10
4710	4710	4720	10
4700	4700	4710	10
4690	4690	4700	10
4680	4680	4690	10
4670	4670	4680	10
4660	4660	4670	10
4650	4650	4660	10
4640	4640	4650	10
4630	4630	4640	10
4620	4620	4630	10
4610	4610	4620	10
4600	4600	4610	10
4590	4590	4600	10
4580	4580	4590	10
4570	4570	4580	10
4560	4560	4570	10
4550	4550	4560	10
4540	4540	4550	10
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4460	4460	4470	10
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4430	4430	4440	10
4420	4420	4430	10
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4270	4270	4280	10
4260	4260	4270	10
4250	4250	4260	10
4240	4240	4250	10
4230	4230	4240	10
4220	4220	4230	10
4210	4210	4220	10
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4180	4180	4190	10
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4150	4150	4160	10
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4130	4130	4140	10
4120	4120	4130	10
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4090	4090	4100	10
4080	4080	4090	10
4070	4070	4080	10
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4020	4020	4030	10
4010	4010	4020	10
4000	4000	4010	10
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3980	3980	3990	10
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3950	3950	3960	10
3940	3940	3950	10
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3890	3890	3900	10
3880	3880	3890	10
3870	3870	3880	10
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3840	3840	3850	10
3830	3830	3840	10
3820	3820	3830	10
3810	3810	3820	10
3800	3800	3810	10
3790	3790	3800	10
3780	3780	3790	10
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2990	2990	3000	10
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2800	2800	2810	10
2790	2790	2800	10
2780	2780	2790	10
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2760	2760	2770	10
2750	2750	2760	10
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2680	2680	2690	10
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2520	2520	2530	10
2510	2510</		



ALLIED OFS, LLC

Federal Tax I.D. #81-2169190

68061

REMIT TO: Allied OFS, LLC
P.O. Box 205803
Dallas, TX 75320-5803

SERVICE POINT: *Delko, TX*

DATE <i>7/30/16</i>	SEC. <i>7</i>	TWP. <i>36</i>	RANGE <i>10</i>	CALLED OUT	ON LOCATION	JOB START <i>11:30a</i>	JOB FINISH <i>12:45p</i>
LEASE <i>Lynn</i>	WELL # <i>1-10</i>	LOCATION <i>Levant N70 W Rd 6W</i>			COUNTY <i>Thomas</i>	STATE <i>KS</i>	
OLD OR NEW (Circle one)							

CONTRACTOR *Much N, 7*

TYPE OF JOB *TOP OFF*

HOLE SIZE *11/4* ID. *350*

CASING SIZE *8 7/8* DEPTH *24'*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT

OWNER *Sm*

CEMENT AMOUNT ORDERED *75 cans 370cc*

used 52% 125 P2 Seal

COMMON *60* @ *12.90* *1074.00*

POZMIX @

GEL @

CHLORIDE *100lb* @ *110.00* *187.00*

ASC @

P2 Seal 10 lb @ *29.20* *292.00*

EQUIPMENT

PUMP TRUCK CEMENTER *Alan Ryan*

431 HELPER *Calvin McChisley*

BULK TRUCK

373 DRIVER *Calvin Brown*

BULK TRUCK DRIVER

TOTAL *1290.70*

DISCOUNT *52%* *671.17*

REMARKS: *Can 24' of 1" Mix Cement - Calc to Surface*

SERVICE

HANDLING *75 cc* @ *2.40* *180.00*

MILEAGE *22 miles 3.54 TDW* @ *29.20* *292.05*

DEPTH OF JOB

PUMP TRUCK CHARGE

EXTRA FOOTAGE @

LD MILEAGE @

LV MILEAGE @

TOTAL *478.05*

DISCOUNT *52%* *248.58*

CHARGE TO: *Coil Exp.*

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

@

@

@

@

@

TOTAL

DISCOUNT %

To: Allied OFS, LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME *Danny Tohman*

SIGNATURE *Danny Tohman*

SALES TAX (If Any)

TOTAL CHARGES *1768.75*

DISCOUNT *919.75 (52%)* IF PAID IN 30 DAYS

NET TOTAL *849.00* IF PAID IN 30 DAYS



ALLIED OFS, LLC

Federal Tax I.D. #81-2169190

68060

REMIT TO: Allied OFS, LLC
P.O. Box 205803
Dallas, TX 75320-5803

SERVICE POINT:
Calliey, Ky

DATE <u>2/31/16</u>	SEC. <u>7</u>	TWP. <u>36</u>	RANGE <u>10</u>	CALLED OUT	ON LOCATION	JOB START <u>7:00 AM</u>	JOB FINISH <u>7:30 AM</u>
LEASE BY <u>man</u>		WELL # <u>1-10</u>	LOCATION <u>Levent #7 to Rd U 6W</u>		COUNTY <u>Thomas</u>	STATE <u>KY</u>	
OLD OR NEW (Circle one)		1 1/2 N W/4 J20					

CONTRACTOR Mazen
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 I.D. 350'
 CASING SIZE 8 5/8 DEPTH 344'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOR. JOINT 42.1'
 CEMENT LEFT IN CSG. 42.1'
 PERFS.
 DISPLACEMENT 19.81

OWNER Same
 CEMENT AMOUNT ORDERED 260 Cms 30% CC
108 FLO Seal
16

COMMON 260 @ 17.20 4654.00
 POZMIX @
 GEL @
 CHLORIDE 23.16 @ 1.10 25.48
 ASC @
 FLO Seal 33.16 @ 2.92 988.27

EQUIPMENT
 PUMP TRUCK CEMENTER Alan Ryan
 # 131 HELPER Wayne McGibby
 BULK TRUCK
 # 323 DRIVER Wayne Brown
 BULK TRUCK
 # DRIVER

TOTAL 5,552.91

DISCOUNT 52% 2,890.32

REMARKS:
Run by Co, Movement, Displace Pkg, Shut in

Cement Seal 108
Cement 20 down

SERVICE

HANDLING 25.11 CF @ 2.48 682.42
 MILEAGE 22 @ 1.00 22.00
 DEPTH OF JOB
 PUMP TRUCK CHARGE 1572.25
 EXTRA FOOTAGE @
 HV MILEAGE 30 @ 7.40 222.00
 LV MILEAGE 30 @ 4.40 132.00
 Head-Manifold @ 2.25

TOTAL 3,872.93

DISCOUNT 52% 2,013.66

CHARGE TO GOLF Exploration
 STREET
 CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

Cap. Plug 1 @ 460 460.00
API Impact 1 @ 447 447.00
Central Press 3 @ 75.00 225.00
8 5/8 Weldn Plug 1 @ 110 110.00

TOTAL 1,242.00

DISCOUNT 52% 645.84

To: Allied OFS, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Danny Johnston
 SIGNATURE Danny Johnston

SALES TAX (If Any)
 TOTAL CHARGES 10,672.74
 DISCOUNT 5,549.82 IF PAID IN 30 DAYS
 NET TOTAL 5,122.91 IF PAID IN 30 DAYS

Bid



ALLIED OFS, LLC

Federal Tax I.D. #81-2169190

REMIT TO: Allied Ofs, LLC
P.O. Box 205803
Dallas, TX 75320-5803

SERVICE POINT:

Dakota

DATE <i>8-11-16</i>	SEC. <i>10</i>	TWP. <i>3</i>	RANGE <i>36</i>	CALLED OUT	ON LOCATION <i>10:00pm</i>	JOB START <i>10:55 12:00</i>	JOB FINISH <i>1:00 1:30</i>
LEASE <i>Zyman</i>	WELL # <i>1-10</i>		LOCATION <i>Levant 5N (LW) 12N</i>		COUNTY <i>Thomas</i>	STATE <i>KS</i>	
OLD OR (NEW) (Circle one)			<i>W+N into</i>				

CONTRACTOR <i>murfin?</i>	OWNER <i>same</i>
TYPE OF JOB <i>Production (2 stage)</i>	
HOLE SIZE <i>7 7/8</i>	T.D. <i>5531'</i>
CASING SIZE <i>5 7/8</i>	DEPTH <i>4642.25'</i>
TUBING SIZE	DEPTH <i>4600.12'</i>
DRILL PIPE	DEPTH
TOOL <i>OV</i>	DEPTH <i>3083.14'</i>
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <i>42.13</i>
CEMENT LEFT IN CSG. <i>42.13</i>	
PERFS.	
DISPLACEMENT <i>109.48</i>	

CEMENT	
AMOUNT ORDERED <i>110.565 ASC, 425 skt</i>	
<i>Extra 1.20 gal 52 Bu. Fluid loss + 4.00 Bu. 425 skt Chemically added</i>	
<i>2000 mud clean 2000# 2000# H. 8.18 sweep</i>	
COMMON	@
POZMIX	@
GEL	@
CHLORIDE	@
ASC <i>110.565</i>	@ <i>23.50 2585.00</i>
<i>425 skt</i>	@ <i>18.92 8041.00</i>
<i>mud clean 2000#</i>	@ <i>41.09 8218.00</i>
<i>425 skt</i>	@ <i>28.20 11760.00</i>
<i>fluid loss 52#</i>	@ <i>1.98 539.00</i>
<i>defoamer 20#</i>	@ <i>3.50 70.00</i>
<i>10 gal clamps</i>	@ <i>34.40 344.00</i>

EQUIPMENT	
PUMP TRUCK # <i>431</i>	CEMENTER <i>Andrew Folshead</i>
	HELPER <i>Wayne McRoby</i>
BULK TRUCK # <i>891</i>	DRIVER <i>Cory Brown</i>
BULK TRUCK # <i>323</i>	DRIVER <i>Monty Phillips</i>

TOTAL *14,776.00*

DISCOUNT *52% 7683.52*

REMARKS:

*Set 52 skt plug @ 5100' Pump 20 DV mud clean
20 BBL Hivis sweep followed by 110.565 ASC
wash pump and line clean. Release plug
and displace 800# lift land plug 150'
float held open DV tool 700'. Plug move
hole plug rot hole. mix cement down
5' casing. Release plug wash pump and
line clean displace float lift land plug
2000#. tool closes cement top circulate
then 8' 904*

SERVICE

HANDLING <i>630 cu ft</i>	@ <i>2.48</i>	<i>1562.40</i>
MILEAGE <i>2.25 per mile</i>	<i>25.39 per</i>	<i>3482.87</i>
DEPTH OF JOB <i>5531'</i>		<i>241.25</i>
PUMP TRUCK CHARGE <i>3149.28</i>	<i>22.58</i>	<i>7106.19</i>
EXTRA FOOTAGE	@	
HV MILEAGE <i>50 miles</i>	@ <i>7.70</i>	<i>385.00</i>
LV MILEAGE <i>50 miles</i>	@ <i>4.40</i>	<i>220.00</i>

TOTAL *10,822.27*

DISCOUNT *52% 5627.58*

CHARGE TO: *Gulf Exploration*
STREET _____
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<i>5/8</i>	
<i>1 Aft float shoe</i>	@ <i>66.00</i>
<i>1 Latch down plug Assy</i>	@ <i>545.00</i>
<i>2 Baskets</i>	@ <i>325.00</i>
<i>1 DV tool</i>	@ <i>5335.00</i>
<i>12 Turbolizer</i>	@ <i>95.00</i>
<i>1 stop ring</i>	
TOTAL	<i>8576.00</i>
DISCOUNT <i>52%</i>	<i>4479.88</i>

To: Allied Ofs, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME *David Johnson*

SIGNATURE *David Johnson*

THE ALLIED OFS CO., INC. - GREAT BOND, INC.

SALES TAX (If Any) _____
TOTAL CHARGES *34117.27*
DISCOUNT *17740.98 (52%)* IF PAID IN 30 DAYS
NET TOTAL *16,376.29* IF PAID IN 30 DAYS
Bid



ALLIED OFS, LLC

Federal Tax I.D. #81-2169190

68122

REMIT TO: Allied OFS, LLC
P.O. Box 205803
Dallas, TX 75320-5803

SERVICE POINT:

Rockley

DATE <u>10-11-16</u>	SEC <u>10</u>	TWP <u>7</u>	RANGE <u>36</u>	CALLED OUT	ON LOCATION <u>1:00pm</u>	JOB START <u>6:00pm</u>	JOB FINISH <u>2:00pm</u>
LEASE <u>Lyman</u>	WELL# <u>1-10</u>		LOCATION <u>Levant SW 6W 1/2N</u>		COUNTY <u>Thomas</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)			<u>W + N into</u>				

CONTRACTOR Professional Pulling Service OWNER same

TYPE OF JOB OHV

HOLE SIZE	T.D.
CASING SIZE <u>5 1/2</u>	DEPTH
TUBING SIZE <u>2 7/8</u>	DEPTH <u>4320'</u>
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT	

CEMENT
AMOUNT ORDERED 450 SKS 4 1/2 4 bags
300# hells 900# gel on side
Used 400 sks cement 900# gel 280# hells

COMMON	@	
POZMIX	@	
GEL <u>900#</u>	@ <u>1.05</u>	<u>945.00</u>
CHLORIDE	@	
ASC	@	
<u>4 1/2 bag 400 sks</u>	@ <u>18.92</u>	<u>7568.00</u>
	@	
	@	
<u>1/2 hls 250#</u>	@ <u>.99</u>	<u>247.50</u>
	@	
	@	
	@	
	@	

TOTAL 8,765.50

DISCOUNT 50% 4,382.75

REMARKS:

Perfo 950gal followed by 60 sks cement
250# hls @ 4320'
Mix 155 sks cement and displace @ 3120'
Circulate cement to surface with 150
sks cement @ 1520'. Top off with 20
sks 15 sks down back side pressured
to 300#

SERVICE

HANDLING <u>494 cu/ft</u>	@ <u>2.48</u>	<u>1225.12</u>
MILEAGE <u>2.25 700 mile 21.00</u>		<u>387.50</u>
DEPTH OF JOB <u>4320'</u>		
PUMP TRUCK CHARGE		<u>2910.84</u>
EXTRA FOOTAGE	@	
HV MILEAGE <u>50 miles</u>	@ <u>7.20</u>	<u>360.00</u>
LV MILEAGE <u>50 miles</u>	@ <u>4.40</u>	<u>220.00</u>
	@	
	@	

TOTAL 7,528.46

DISCOUNT 50% 3,764.23

CHARGE TO: Gulf Exploration

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	

TOTAL _____

DISCOUNT _____ % _____

To: Allied OFS, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME James Morris

SIGNATURE [Signature]

DELL PRINTING CO. INC. - GREAT BEND, KS

SALES TAX (If Any) _____
TOTAL CHARGES 16,288.96
DISCOUNT 8,144.48 (50%) IF PAID IN 30 DAYS
NET TOTAL 8,144.48 IF PAID IN 30 DAYS