



KANSAS CORPORATION COMMISSION 1055534
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34162
Name: New Gulf Operating LLC
Address 1: 6310 E. 102nd St.
Address 2: _____
City: TULSA State: OK Zip: 74137 + _____
Contact Person: Wink Kopczyński
Phone: (918) 728-3020
CONTRACTOR: License # 5822
Name: Val Energy, Inc.
Wellsite Geologist: Curtis Covey
Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
- 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

Conv. to GSW

Plug Back: _____ Plug Back Total Depth _____

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

ENHR Permit #: _____

GSW Permit #: _____

<u>06/04/2011</u>	<u>06/12/2011</u>	<u>06/19/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-155-21571-00-00

Spot Description: _____
NE SW SE NE Sec. 1 Twp. 24 S. R. 10 East West
2287 Feet from North / South Line of Section
880 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Reno
Lease Name: Phyllis Well #: B-1
Field Name: _____
Producing Formation: Mississippi
Elevation: Ground: 1738 Kelly Bushing: 1747
Total Depth: 4130 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 227 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 560 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: 6500 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

- Letter of Confidentiality Received
Date: 08/29/2011
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 08/31/2011