

CONFIDENTIAL

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

API No. 15 - _____15-109-21072-00-00 OPERATOR: License # 34162 **New Gulf Operating LLC** Name:

. 101.10.	***************************************			
Address 1: 6310 E.	102nd St.	······································	······································	
Address 2:	***************************************		***************************************	
				37+
Contact Person: Wir	ifred Kopcz	ynski		
Phone: (918)				
CONTRACTOR: Licer	nse #_5822			
Name: Val Energy,				
Wellsite Geologist: Ste		phy		
Purchaser:				
Designate Type of Con				
✓ New Well		Entry	☐ Wo	rkover
Oil	wsw	SWD		☐ slow
	D&A	☐ ENHR		☐ sigw
□ og		☐ GSW		Temp. Abd.
CM (Coal Bed M	lethane)			remp. Abd.
	-	Expl. etc.):		
If Workover/Re-entry:				
Operator:				
Well Name:				
Original Comp. Date: _				
				Conv. to SWD
g		Conv		00/// 10 0///
Plug Back:				Total Depth
Commingled				
Dual Completic	on			
SWD				
☐ ENHR				
☐ gsw		Permit #: _		
02/27/2012	03/08/20			8/2012
Spud Date or Recompletion Date	Date Read	ched TD		letion Date or

Spot Description:				
SE_SE_NW_SE_Sec. 15 Twp. 12 S. R. 32 ☐ East ✔ West				
Feet from □ North / ✓ South Line of Section				
Feet from				
Footages Calculated from Nearest Outside Section Corner:				
□ NE □ NW 🗹 SE □ SW				
County: Logan				
Lease Name: Zimmerman Well #: 1-15				
Field Name:				
Producing Formation: N/A				
Elevation: Ground: 2971 Kelly Bushing: 2979				
Total Depth: 4701 Plug Back Total Depth:				
Amount of Surface Pipe Set and Cemented at: 253 Fee				
Multiple Stage Cementing Collar Used?				
If yes, show depth set: Feet				
If Alternate II completion, cement circulated from:				
feet depth to: sx cmt.				
Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)				
Chloride content: 2800 ppm Fluid volume: 0 bbls				
Dewatering method used: Evaporated				
Location of fluid disposal if hauled offsite:				
Operator Name:				
Lease Name: License #:				
Quarter Sec TwpS. R				
County: Permit #:				

AFFIDAVIT

Recompletion Date

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: 05/02/2012
Confidential Release Date:
✓ Wireline Log Received
✓ Geologist Report Received
UIC Distribution
ALT I I II Approved by: NAOMI JAMES Date: 05/03/2012