

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 Kopczynski  
Phone: ( 918 ) 728-3020  
CONTRACTOR: License # 6454  
Name: Cheyenne Well Service, 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: New Gulf Resources  
Well Name: Sheetz 1  
Original Comp. Date: 02/25/2011 Original Total Depth: 4780  
 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>02/04/2011</u>	<u>02/12/2011</u>	<u>11/13/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-109-20974-00-01  
Spot Description: \_\_\_\_\_  
SE SW NE SW Sec. 16 Twp. 12 S. R. 32  East  West  
1382 Feet from  North /  South Line of Section  
1773 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

 NE     NW     SE     SW

County: Logan  
Lease Name: Sheetz Well #: 1  
Field Name: \_\_\_\_\_

Producing Formation: Lansing  
Elevation: Ground: 2995 Kelly Bushing: 3033  
Total Depth: 4780 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at: 287 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 cm.

## 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

Letter of Confidentiality Received  
Date: 01/28/2013  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: NACMI JAMES Date: 01/29/2013

Operator Name: New Gulf Operating LLC Lease Name: Sheetz Well #: 1  
 Sec. 16 Twp. 12 S. R. 32  East  West County: Logan

**INSTRUCTIONS:** Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name Attached	Top Datum Attached
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			

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 checked="" type="checkbox"/> Perforate	4236-4238			
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD	4240-4242			
<input type="checkbox"/> Plug Off Zone				

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
6			4238-4240
	700 gallons	15% RWR-1acid	4238-4240
	650 Gallons/2.5	15% RWR-1acid/KCL-1KW	4236-4242

TUBING RECORD:	Size: <u>2&amp;7/8</u>	Set At: <u>4176</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: <u>4236-4242</u>
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Form	ACO1 - Well Completion
Operator	New Gulf Operating LLC
Well Name	Sheetz 1
Doc ID	1110876

**Tops**

Name	Top	Datum
Anhydrite	2517	486
Base Anhydrite	2540	463
Topeka	3751	-748
Heebner	3963	-960
Toronto	3996	-993
Lansing	4003	-1000
Muncie Creek	4153	-1150
Stark	4234	-1231
Marmaton	4338	-1335
Altamont	4366	-1369
Pawnee	4442	-1439
Ft Scott	4492	-1489
Cherokee	4519	-1516
Johnson	4552	-1549
Mississippian	4619	-1616

Summary of Changes

Lease Name and Number: Sheetz 1

API/Permit #: 15-109-20974-00-01

Doc ID: 1110876

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
API	15-109-20974-00-00	15-109-20974-00-01