



Confidentiality Requested:

Yes No

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
-----------------------------------	-----------------	---

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: _____



1158922

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: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	New Gulf Operating LLC
Well Name	Captain Kirk 1
Doc ID	1158922

Tops

Name	Top	Datum
Anhydrite	2390	689
Base Anhydrite	2408	671
Stotler	3570	-491
Topeka	3712	-633
Heebner	3950	-871
Lansing	3994	-915
Muncie Creek	4178	-1099
Stark	4276	-1197
BKC	4388	-1309
Marmaton	4410	-1331
Cherokee Shale	4581	-1502
Johnson	4626	-1547
Mississippi	4753	-1874

Summary of Changes

Lease Name and Number: Captain Kirk 1

API/Permit #: 15-171-20927-00-00

Doc ID: 1158922

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	05/24/2013	09/18/2013
Completion Or Recompletion Date	03/19/2013	05/22/2013
Producing Formation	Marmaton	Marmaton, Ft. Scott
Save Link	../kcc/detail/operatorE ditDetail.cfm?docID=11 22516	../kcc/detail/operatorE ditDetail.cfm?docID=11 58922



CONFIDENTIAL

WELL COMPLETION FORM

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

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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
-----------------------------------	-----------------	---

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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report 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
--	---

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	New Gulf Operating LLC
Well Name	Captain Kirk 1
Doc ID	1122516

Tops

Name	Top	Datum
Anhydrite	2390	689
Base Anhydrite	2408	671
Stotler	3570	-491
Topeka	3712	-633
Heebner	3950	-871
Lansing	3994	-915
Muncie Creek	4178	-1099
Stark	4276	-1197
BKC	4388	-1309
Marmaton	4410	-1331
Cherokee Shale	4581	-1502
Johnson	4626	-1547
Mississippi	4753	-1874

Form	ACO1 - Well Completion
Operator	New Gulf Operating LLC
Well Name	Captain Kirk 1
Doc ID	1122516

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
6	4565-4570	3000 gal 20% RWR	
	4565-4570	5000 gal of 15% HCL, 1708 bbls H2O	
6	4411-4419	100 gal/ft 15% RWR	

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

March 14, 2013

Danny Birdwell
New Gulf Operating LLC
6310 E. 102nd St.
TULSA, OK 74137

Re: ACO1
API 15-171-20927-00-00
Captain Kirk 1
NE/4 Sec.18-17S-33W
Scott County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Danny Birdwell



Diamond Testing General Report

**JAKE
FAHRENBRUCH - TESTER
Cell: (620) 282-8977**

P.O. Box 157
Hoisington KS 67544
Office: (800) 542-7313

General Information

Company Name	New Gulf Operating LLC	Well Name	Captain Kirk #1
Well Operator	New Gulf Operating LLC	Unique Well ID	DST #1 Lansing 3992'-4026'
Contact	Danny Birdwell / Jim Henkle	Surface Location	Sec 18-17s-33w-Scott Co.-KS
Site Contact	Curtis Covey	Test Unit	#5
Field	N/A	Pool	N/A
Well Type	Vertical	Job Number	F103
Prepared By	Jake Fahrenbruch	Qualified By	Curtis Covey

Test Information

Test Type	Conventional Bottom Hole	Test Purpose	Initial Test
Formation	Lansing 3992'-4026'	Gauge Name	0062
Start Test Date	2013/03/06	Start Test Time	20:21:00
Final Test Date	2013/03/07	Final Test Time	02:52:00

Test Results

Recovered: 45' SOSM <1% oil, >99% mud
Bottom Hole Temperature: 105 Deg F

Pressures:
IHP: 1870
IFP: 9-20
ISIP: 1078
FFP: 20-30
FSIP: 1047
FHP: 1870



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.

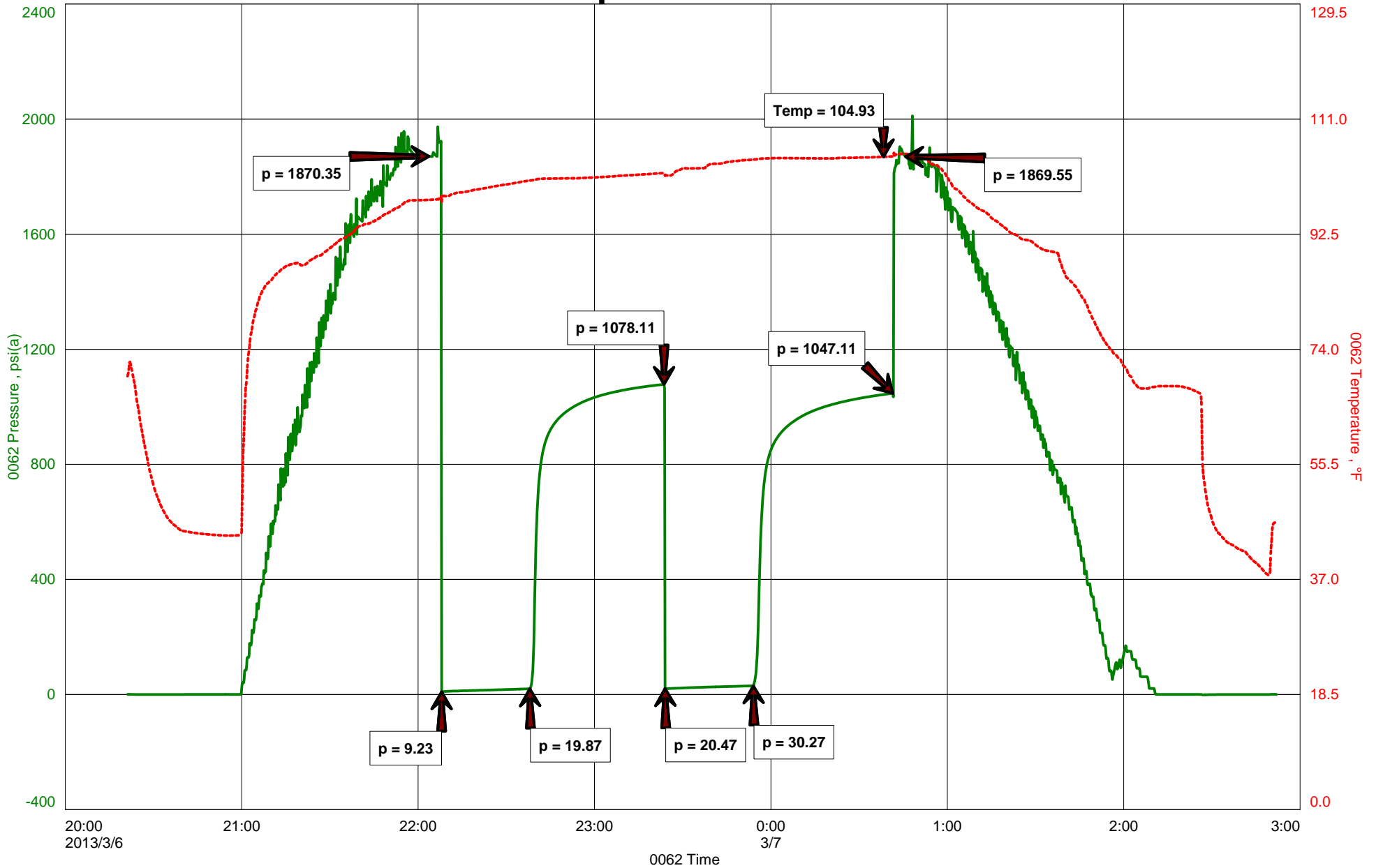
Blow: 1st Open: _____
2nd Open: _____

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.

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.

Captain Kirk #1





Diamond Testing General Report

**JAKE
FAHRENBRUCH - TESTER
Cell: (620) 282-8977**

P.O. Box 157
Hoisington KS 67544
Office: (800) 542-7313

General Information

Company Name	New Gulf Operating LLC	Well Name	Captain Kirk #1
Well Operator	New Gulf Operating LLC	Unique Well ID	DST #2 Lansing 4034'-4104'
Contact	Danny Birdwell / Jim Henkle	Surface Location	Sec 18-17s-33w-Scott Co.-KS
Site Contact	Curtis Covey	Test Unit	#5
Field		Pool	
Well Type	Vertical	Job Number	F104
Prepared By	Jake Fahrenbruch	Qualified By	Curtis Covey

Test Information

Test Type	Conventional Bottom Hole	Test Purpose	Initial Test
Formation	Lansing 4034'-4104'	Gauge Name	0062
Start Test Date	2013/03/07	Start Test Time	15:38:00
Final Test Date	2013/03/07	Final Test Time	23:41:00

Test Results

Recovered:

- 150' HMCW 75% wtr, 25% mud
- 720' Water 100% wtr
- No GIP
- Total Recovered Fluid: 870'
- Tool Sample: MCW 90% wtr, 10% mud
- Chlorides: 20,000 ppm
- RW: .48 ohm @ 46 Deg F
- PH: 7.0
- Bottom Hole Temperature: 118 Deg F

Pressures:

- IHP: 1893
- IFP: 17-200
- ISIP: 1056
- FFP: 203-407
- FSIP: 1050
- FHP: 1890



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.

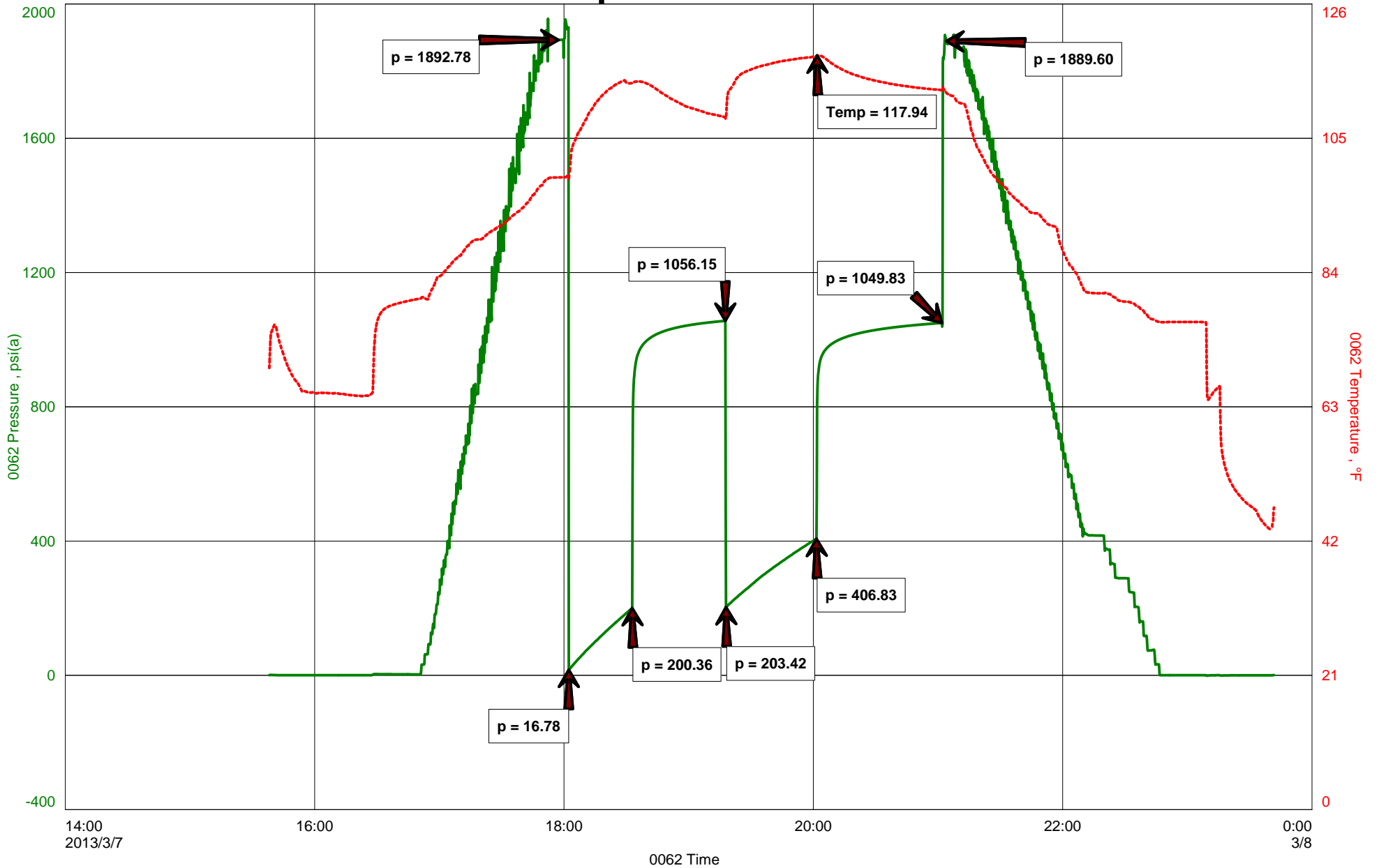
Blow: 1st Open: _____
2nd Open: _____

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.

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.

Captain Kirk #1





Diamond Testing General Report

**JAKE
FAHRENBRUCH - TESTER
Cell: (620) 282-8977**

P.O. Box 157
Hoisington KS 67544
Office: (800) 542-7313

General Information

Company Name	New Gulf Operating LLC	Well Name	Captain Kirk #1
Well Operator	New Gulf Operating LLC	Unique Well ID	DST #3 Lansing "K" 4276'-4300'
Contact	Danny Birdwell / Jim Henkle	Surface Location	Sec 18-17s-33w-Scott Co.-KS
Site Contact	Curtis Covey	Test Unit	#5
Field		Pool	
Well Type	Vertical	Job Number	F105
Prepared By	Jake Fahrenbruch	Qualified By	Curtis Covey

Test Information

Test Type	Conventional Bottom Hole	Test Purpose	Initial Test
Formation	Lansing "K" 4276'-4300'	Gauge Name	0062
Start Test Date	2013/03/08	Start Test Time	23:37:00
Final Test Date	2013/03/09	Final Test Time	07:03:00

Test Results

Recovered:

100'	MCW	85% wtr, 15% mud
650'	Water	100% wtr
----	No GIP	
----	Total Recovered Fluid:	750'
----	Tool Sample: Water	100% wtr
----	Chlorides:	33,000 ppm
----	RW:	.22 ohm @ 50 Deg F
----	PH:	7.0
----	Bottom Hole Temperature:	124 Deg F

Pressures:

IHP:	2027
IFP:	21-211
ISIP:	1062
FFP:	215-355
FSIP:	1025
FHP:	2025



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.

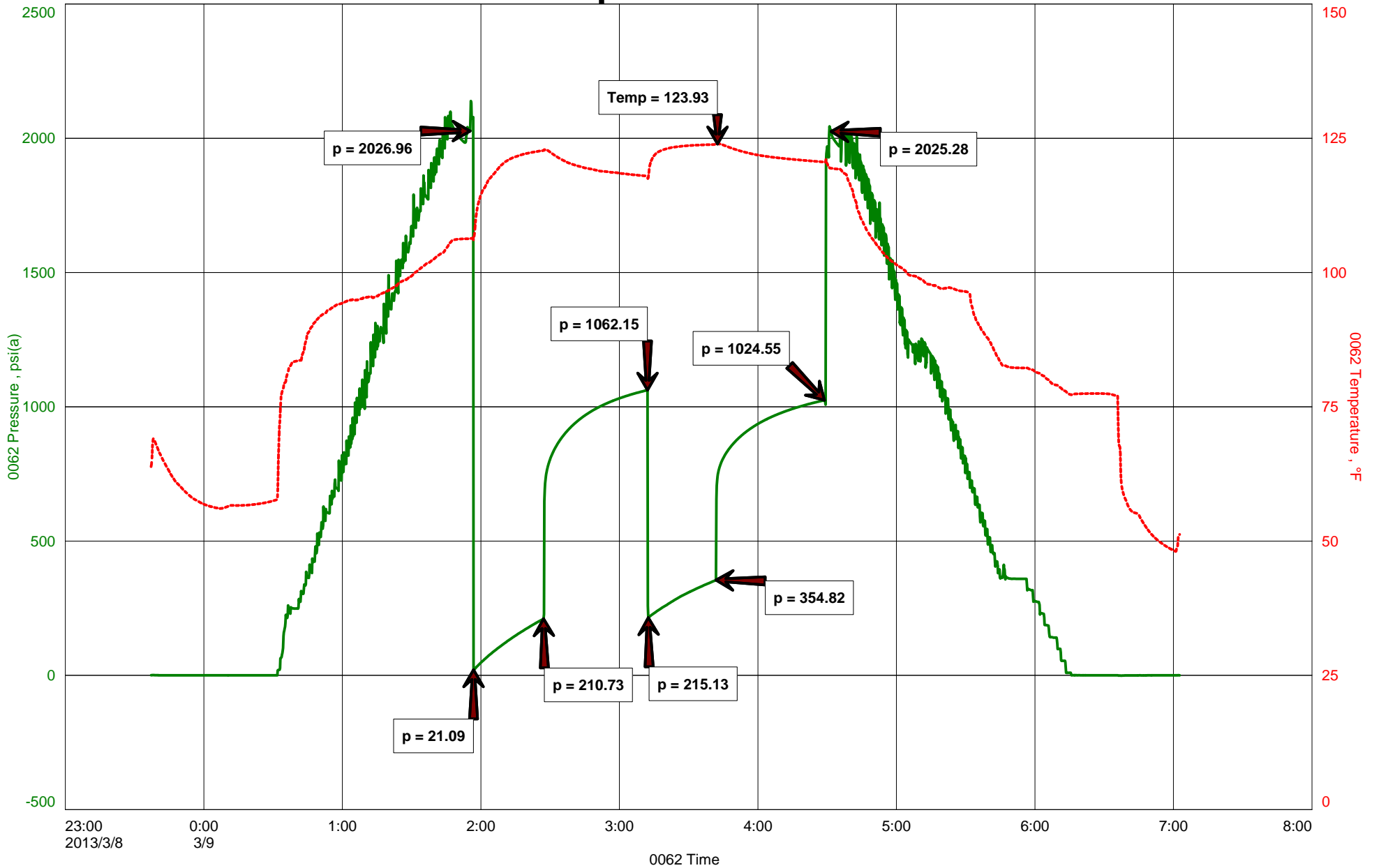
Blow: 1st Open: _____
2nd Open: _____

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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Captain Kirk #1





Diamond Testing General Report

**JAKE
FAHRENBRUCH - TESTER
Cell: (620) 282-8977**

P.O. Box 157
Hoisington KS 67544
Office: (800) 542-7313

General Information

Company Name	New Gulf Operating LLC	Well Name	Captain Kirk #1
Well Operator	New Gulf Operating LLC	Unique Well ID	DST #4 Marmaton 4391'-4433'
Contact	Danny Birdwell / Jim Henkle	Surface Location	Sec 18-17s-33w-Scott Co.-KS
Site Contact	Curtis Covey	Test Unit	#5
Field		Pool	
Well Type	Vertical	Job Number	F106
Prepared By	Jake Fahrenbruch	Qualified By	Curtis Covey

Test Information

Test Type	Conventional Bottom Hole	Test Purpose	Initial Test
Formation	Marmaton 4391'-4433'	Gauge Name	0062
Start Test Date	2013/03/09	Start Test Time	21:50:00
Final Test Date	2013/03/10	Final Test Time	09:14:00

Test Results

Recovered:

25'	Clean Oil	100% oil
120'	Oily Mud	43% oil, 57% mud
----	+/- 45' GIP	
----	Total Recovered Fluid: 145'	
----	Tool Sample: Oily Mud	47% oil, 53% mud
----	Corrected Gravity: 28	
----	Bottom Hole Temp: 116 Deg F	

Pressures:

IHP:	2056
IFP:	18-41
ISIP:	1218
FFP:	45-73
FSIP:	1201
FHP:	2054



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.

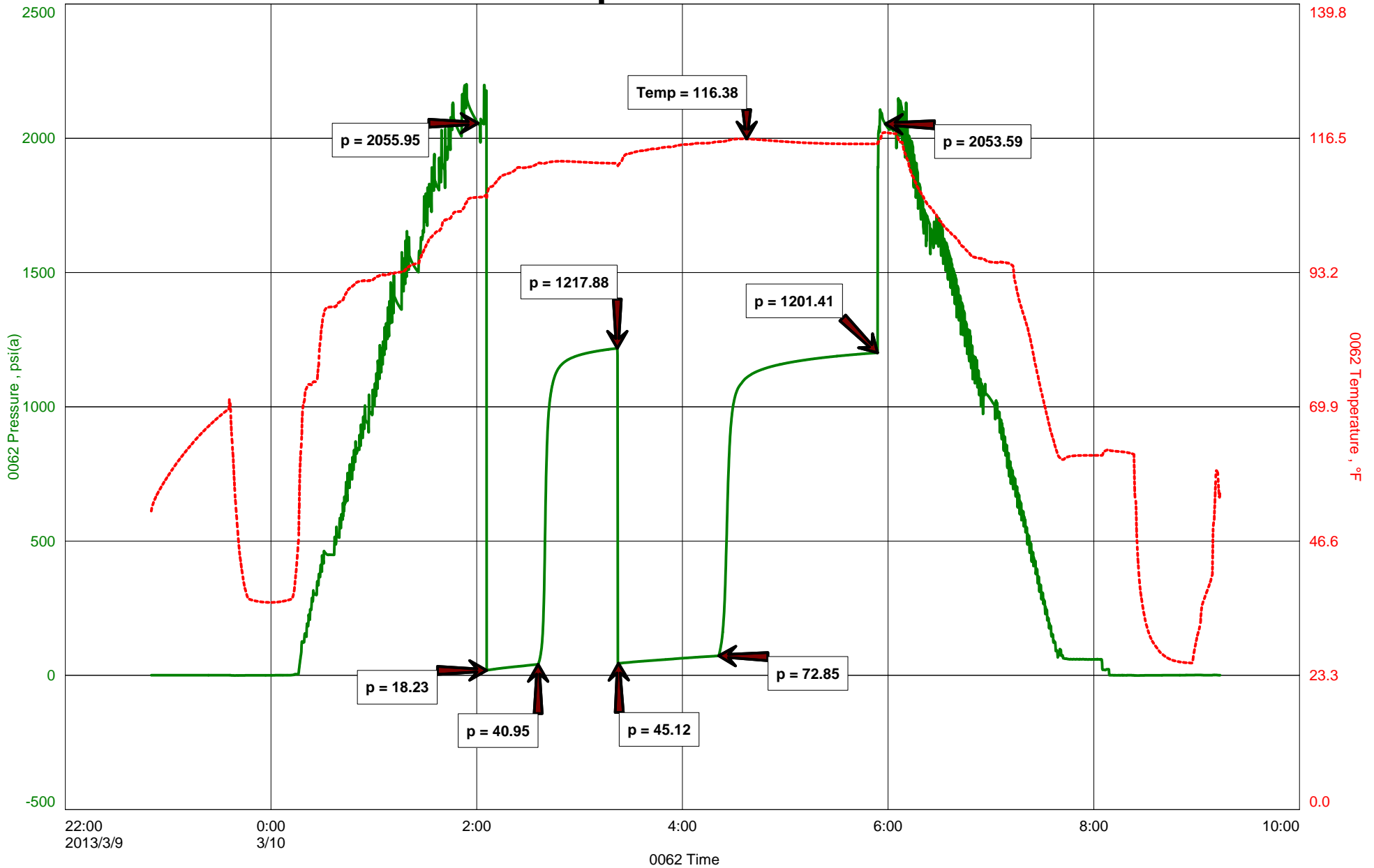
Blow: 1st Open: _____
2nd Open: _____

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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Captain Kirk #1





Diamond Testing General Report

**JAKE
FAHRENBRUCH - TESTER
Cell: (620) 282-8977**

P.O. Box 157
Hoisington KS 67544
Office: (800) 542-7313

General Information

Company Name	New Gulf Operating LLC	Well Name	Captain Kirk #1
Well Operator	New Gulf Operating LLC	Unique Well ID	DST #5 Pawnee-Johnson 4493'-4680'
Contact	Danny Birdwell / Jim Henkle	Surface Location	Sec 18-17s-33w-Scott Co.-KS
Site Contact	Curtis Covey	Test Unit	#5
Field		Pool	
Well Type	Vertical	Job Number	F107
Prepared By	Jake Fahrenbruch	Qualified By	Curtis Covey

Test Information

Test Type	Conventional Bottom Hole	Test Purpose	Initial Test
Formation	Pawnee - Johnson 4493'-4480'	Gauge Name	0062
Start Test Date	2013/03/11	Start Test Time	19:57:00
Final Test Date	2013/03/12	Final Test Time	04:01:00

Test Results

Recovered:

30'	SOCM	3% oil, 97% mud
60'	G&OCM	10% gas, 12% oil, 78% mud
----	465' G.I.P.	
----	Total Recovered Fluid: 90'	
----	Tool Sample: G&OCM	10% gas, 15% oil, 75% mud
----	Bottom Hole Temperature: 114 Deg F	

Pressures:

IHP:	2159
IFP:	15-32
ISIP:	670
FFP:	39-49
FSIP:	508
FHP:	2157



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.

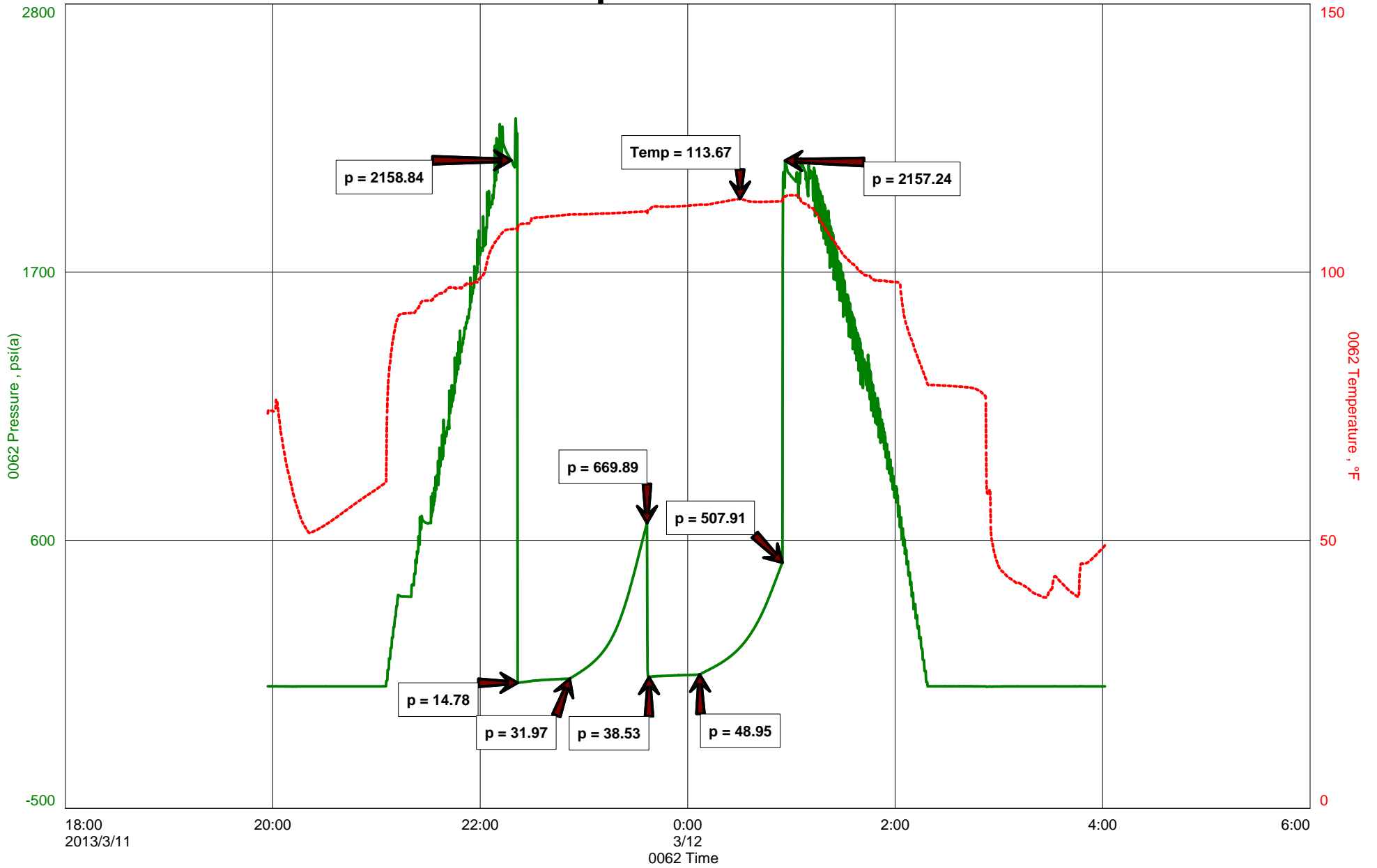
Blow: 1st Open: _____
2nd Open: _____

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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Captain Kirk #1





CONSOLIDATED
Oil Well Services, LLC

257196

TICKET NUMBER 39441

LOCATION Oalley KS

FOREMAN Miles Shaw

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	
3-1-13	51061	Captran Kirk #1	1R	17S	33W	Scott	
CUSTOMER		Mailing Address		TRUCK #	DRIVER	TRUCK #	DRIVER
New Gulf Operating		15 E. in to		405	Jerry		
CITY		STATE	ZIP CODE	5307129	Tim W		

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 268 CASING SIZE & WEIGHT 8 5/8 24#
 CASING DEPTH 268 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.36 WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 15 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting and rig up on Val #4. Circulate casing mix 200s/sk
Class A cement with 3% calcium chloride displace 15 bbls water shut in
cement did circulate 5 bbls top it

Thanks Miles & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1085	1085.00
5406	40	MILEAGE	5.00	200.00
5407A	9.4 Tons	Top mix case delivery	1.67	628.00
1104S	200 sks	Class A cement	17.65	3530.00
1102	564 #	Calcium chloride	.89	501.96
1118B	376 #	Bentonite gel	1.25	470.00
			Subtotal	6038.96
			less 10% discount	6038.96
			Subtotal	5435.06

COPY

completed

Ravin 3737

SALES TAX 308.20
ESTIMATED TOTAL 5743.26

AUTHORIZATION _____

TITLE Jerry Ambler

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

257328

TICKET NUMBER 39465

LOCATION Oakley KS

FOREMAN Mike Shaw

Watt Dinkel

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
3-14-13	56601	Raptian Kick #1	18	17S	33W	Scott
CUSTOMER			TRUCK #		DRIVER	
New Gulf Operators			405		Jordan L	
MAILING ADDRESS			528 T127		Ed W	
CITY			STATE		ZIP CODE	

JOB TYPE long string HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2" 15.5#
 CASING DEPTH 4927.0' DRILL PIPE _____ TUBING _____ OTHER PC tube @ 2404'
 SLURRY WEIGHT 1388 SLURRY VOL 1 WATER gal/sk _____ CEMENT LEFT in CASING 42.18'
 DISPLACEMENT 116 1/2 bbls DISPLACEMENT PSI 900 psi MIX PSI 1500 RATE _____

REMARKS: Safety meeting and rig up on Val #4. Run float equipment centralizers 1, 3, 6, 9, 12, 15, 18, 21, 24, 27, 30, cat Basket on bottom of GI Port collar tool on top of @ 2404'. Run casing to bottom Circulate casing for 1 hr. Pump 5 bbls Water mud flush 5 bbls water mix 175 lbs OWC cement down casing. Shut down. Released plug and clear pump & lines dis place 116 1/2 bbls water @ 900 psi. 1 1/2 hrs plug landed @ 1500 psi and held. mix 300 lbs R/T 200 lbs M/H

Thanks Mike (crew)

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3000. ⁰⁰	3000. ⁰⁰
5406	40	MILEAGE	5. ⁰⁰	200. ⁰⁰
5407A	11.7 Tons	Ton mix/deliv	1667	781.56
1126	225 Sks	OWC Cement	22.55	5073.75
1110A	1125 #	40/3 seal	1.56	630. ⁰⁰
1144E	500 gal	mud flush	1. ⁰⁰	500. ⁰⁰
4285	1	5 1/2" Port collar	2075. ⁰⁰	2075. ⁰⁰
4454	1	5 1/2" latch down plug	303. ⁰⁰	303. ⁰⁰
4104	1	5 1/2" Baskets	276. ⁰⁰	276. ⁰⁰
4130	10	5 1/2" Centralizers	58. ⁰⁰	580. ⁰⁰
4109	1	5 1/2" AF4 Float shoe	413. ⁰⁰	413. ⁰⁰
		Subtotal		13852.31
		less 1000.00		13852.31
		Subtotal		12952.07
		SALES TAX		735.86
		ESTIMATED TOTAL		13202.93

Completed

Ravin 3737

AUTHORIZATION [Signature] 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.

