



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1164002
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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 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
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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: _____



1164002

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
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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				

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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> _____
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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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Black Tea Oil, LLC
Well Name	Paradise A
Doc ID	1164002

Tops

Name	Top	Datum
QUEEN HILL	3270	-1106
HEEBNER	3334	-1170
TORONTO	3355	-1191
LANSING	3381	-1217
BASE KC	3610	-1446
CONGLOMERATE	3638	-1474
SIMPSON	3700	-1536
ARBUCKLE	3736	-1572

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 7989

Date	7-19-13	Sec.	18	Twp.	10	Range	17	County	ROOKS	State	KS	On Location		Finish	12:45pm
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Lease Paradise Well No. A Location Edis + Rooks Co. line 2 NCC 1 E 1/2 SE

Contractor American Eagle #2 Owner To Quality Oilwell Cementing, Inc.

Type Job Surface Charge To Black Tea
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Hole Size 12 1/4 T.D. 221 Street

Csg. 8 5/8 Depth 221 City State

Tbg. Size Depth

Tool Depth The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. 15 Shoe Joint Cement Amount Ordered 150 lbm 3/6 4 2 1/6 6 EL

Meas Line Displace 138 L

EQUIPMENT

Pumptrk	17	No.	Cementer		Common	150
			Helper	<u>raig</u>	Poz. Mix	
Bulktrk		No.	Driver	<u>ady</u>	Gel.	3
Bulktrk	19	No.	Driver	<u>Doug</u>	Calcium	5
			Driver			

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
<u>8 5/8 on bottom - Est. Circulation -</u>	Sand
<u>Mix 150 lbm + Displace.</u>	Handling <u>158</u>
<u>Cement Circulated!</u>	Mileage

FLOAT EQUIPMENT

Guide Shoe
Centralizer
Baskets
AFU Inserts
Float Shoe
Latch Down

Pumptrk Charge Surface
Mileage 23

X Signature Bruce Paul Baker

Tax	
Discount	
Total Charge	

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 7991

Date	7-26-13	Sec.	18	Twp.	10	Range	17	County	ROCKS	State	KS	On Location		Finish	12:15pm
Lease								Location		KANSAS CO Line 2 N 1 E 1 W 1/2 E Ninto					
Paradise								Well No.		A					
Contractor								Owner							
American Eagle #2								To Quality Oilwell Cementing, Inc.							
Type Job								You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Production String															
Hole Size				7 7/8				T.D.				3806			
Csg.				5 1/2 15.50#				Depth				3800			
Tbg. Size								Depth							
Tool Port Collar #55								Depth				1476			
Cement Left in Csg.								Cement Amount Ordered							
21.51								225 10% Salt 5% Gilsontite							
Shoe Joint								21.51							
Meas Line								Displace							
90 BL								500 gal mud flush KCL 1 jug							
EQUIPMENT								Common							
Pumptrk 16 No. Cementer								225							
Shane Roche								Poz. Mix							
Bulktrk No. Helper															
Bulktrk No. Driver								Gel.							
Craig															
Bulktrk 14 No. Driver								Calcium							
Lonnie M								KCL 5 gal							
JOB SERVICES & REMARKS								Hulls							
Remarks:								Salt 20							
Rat Hole 30SK								Flowseal							
Mouse Hole 15SK								Kol-Seal 1125#							
Centralizers								Mud CLR 48 500 gal							
Baskets								CFL-117 or CD110 CAF 38							
D/V or Port Collar								Sand							
5 1/2 sit @ 3800. Balflow 3778.50								Handling 256							
Est. Circulation. Pump 500 gal mud flush								Mileage							
20 BL KCL spacer. Plug Rothwell								FLOAT EQUIPMENT							
Cement 5 1/2 with 195SK. Displace								Guide Shoe 5 1/2							
1st 55 BCL with 20% KCL. Last 35 BCL								Centralizer 8 Turbo's							
water. Plug loaded @ 1500# Release								Baskets 3							
Pressure DM.								AFU inserts Port collar							
								Float Shoe 1							
								Latch Down 1							
								Pumptrk Charge prod Long String							
								Mileage 23							
								Tax							
								Discount							
								Total Charge							
Signature															
Bryan R. Kuhn															

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

October 19, 2013

Chris Leiker
Black Tea Oil, LLC
1011 Centennial Blvd., Ste B
Hays, KS 67601

Re: ACO1
API 15-163-24133-00-00
Paradise A
SE/4 Sec.18-10S-17W
Rooks 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,
Chris Leiker