CORRECTION #1

Kansas Corporation Commission 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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City:	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
□ Oil □ WSW □ SWD □ SIOW	Producing Formation:
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Demois #	Chloride content:ppm Fluid volume:bbls
Commingled Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	·
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R
Recompletion Date Recompletion Date	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

Confidentiality Requested:

Yes No

KCC Office Use ONLY
Confidentiality Requested
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II Approved by: Date:



1248513 CORRECTION #1

Operator Name:			Lease N	ame:			_Well #:	
Sec Twp	S. R	East West	County:					
INSTRUCTIONS: Show open and closed, flowing and flow rates if gas to s	g and shut-in pressur	res, whether shut-in բ	oressure reach	ed static lev	el, hydrosta	tic pressures, bot		
Final Radioactivity Log, files must be submitted					nust be ema	iled to kcc-well-lo	ogs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taken (Attach Additional Sho	eets)	Yes No		Log	Formation	on (Top), Depth a		Sample
Samples Sent to Geolog	gical Survey	☐ Yes ☐ No		Name			Тор	Datum
Cores Taken Electric Log Run		Yes No						
List All E. Logs Run:								
		CASIN Report all strings se	IG RECORD et-conductor, sur	New face, interme	Used	on, etc.		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weigh Lbs. / I	nt	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
		ADDITION	AL CEMENTIN	G / SOLIFE:	ZE BECORD			
Purpose:	Depth	Type of Cement	# Sacks U		L NECOND	Type and F	Percent Additives	
Perforate Protect Casing Plug Back TD	Top Bottom	Type of comon	" Cache C	500u		Typo and T	Crock / Additives	
Plug Off Zone								
Did you perform a hydraulic Does the volume of the tota Was the hydraulic fracturing	l base fluid of the hydra	ulic fracturing treatment			Yes [Yes [Yes [No (If No, sk	ip questions 2 ar ip question 3) out Page Three	•
Shots Per Foot		N RECORD - Bridge P otage of Each Interval F				cture, Shot, Cement mount and Kind of Ma		d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liı	ner Run:	Yes No		
Date of First, Resumed Pr	oduction, SWD or ENHI	R. Producing M	lethod:	Gas	Lift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil Bb	ols. Gas	Mcf	Water	В	bls. (Gas-Oil Ratio	Gravity
DISPOSITION	I OF GAS:		METHOD OF (COMPLETIO	N:		PRODUCTION	ON INTERVAL:
Vented Sold	Used on Lease	Open Hole	Perf.	Dually Cor	np. Cor	nmingled mit ACO-4)		
(If vented, Subm	it ACO-18.)	Other (Specify)		, Jasiiii AOO-				

Form	ACO1 - Well Completion
Operator	Black Tea Oil, LLC
Well Name	Rose Trust D 1
Doc ID	1248513

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	23	264	common	180	
Production	8.625	5.5	15.5	4428	common	230	

Black Tea Oil

Rose Trust D1

RTD 4430

LTD Cased Hole 4398

5 1/2 Set @ 4428 230 sks

8 5/8 Set @ 264' 180 sks

Port Collar @ 2129' 550 sks, 1 inch 200 sks

Perfs

FT Scott 4164-73 200 gal

Pawnee 4126-32 150 gal

Altamont 4100-10 200 gal

Marmaton 4054-70 150 gal

L 3957-61 1500 gal

Summary of Changes

Lease Name and Number: Rose Trust D 1

API/Permit #: 15-109-21364-00-00

Doc ID: 1248513

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	250	26
Approved Date	12/11/2014	04/27/2015
CasingSettingDepthPD F_1	250	264
CasingSettingDepthPD F_2	4500	4428
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement	2100	2129
Circulated From If Alternate II Completion - Sacks of	450	750
Cement Kelly Bushing Elevation	2680	2685
Method Of Completion - Commingled	No	Yes

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value	
Multiple Stage Cementing Collar Depth	2100	2129	
Perf_Record_1		See Attached Report	
Plug Back Total Depth	4500	4398	
Producing Formation	Kansas City/Johnson	see attached report	
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12	//kcc/detail/operatorE ditDetail.cfm?docID=12	
TopsDatum1	34899 -1307	48513 -1479	
TopsDatum2		-1441	
TopsDatum3		-1415	
TopsDatum4		-1369	
TopsDatum5		-1272	
TopsDepth1	3980	4164	
TopsDepth2		4126	
TopsDepth3		4100	

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsDepth4		4054
TopsDepth5		3957
TopsName1	Kansas City	Ft Scott
TopsName2		Pawnee
TopsName3		Altamont
TopsName4		Marmaton
TopsName5		L
Total Depth	4500	4430

Summary of Attachments

Lease Name and Number: Rose Trust D 1

API: 15-109-21364-00-00

Doc ID: 1248513

Correction Number: 1

Attachment Name



Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1234899

Form ACO-1 August 2013 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 #			API No. 15
Name:			Spot Description:
Address 1:			SecTwp S. R
Address 2:			Feet from North / South Line of Section
City: Sta	ate: Zi	p:+	Feet from
Contact Person:			Footages Calculated from Nearest Outside Section Corner:
Phone: ()			□NE □NW □SE □SW
CONTRACTOR: License #			GPS Location: Lat:, Long:
Name:			(e.g. xx.xxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:			Datum: NAD27 NAD83 WGS84
Purchaser:			County:
Designate Type of Completion:			Lease Name: Well #:
New Well Re-	Entry	Workover	Field Name:
			Producing Formation:
☐ Oil ☐ WSW ☐ D&A	☐ SWD	☐ SIOW ☐ SIGW	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ D&A ☐ OG	GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	d3vv	remp. Abu.	Amount of Surface Pipe Set and Cemented at: Fee
Cathodic Other (Core,	. Expl., etc.);		Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info			If yes, show depth set: Fee
Operator:			If Alternate II completion, cement circulated from:
Well Name:			feet depth to: sx cm
Original Comp. Date:			·
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from the Reserve Pit)
O constituents of	D		Chloride content: ppm Fluid volume: bbls
☐ Commingled☐ Dual Completion			Dewatering method used:
SWD			Location of fluid disposal if hauled offsite:
☐ ENHR			Location of haid disposal if hadied offsite.
☐ GSW			Operator Name:
_			Lease Name: License #:
Spud Date or Date Rea	ched TD	Completion Date or	QuarterSecTwpS. R East Wes
Recompletion Date		Recompletion Date	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: