

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1248864
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: _____

1248864

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> _____				
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> _____	PRODUCTION INTERVAL: _____ _____
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GLOBAL CEMENTING, L.L.C.

1600

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT:
RUSSELL, KS

DATE <u>1-30-2015</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>FAWLEIGH</u>	WELL# <u>A#2</u>	LOCATION			COUNTY <u>LOGAN</u>	STATE <u>KS</u>	
OLD OR <u>(NEW)</u> (CIRCLE ONE)							

CONTRACTOR LANDMARK DRILLING RIG#3 OWNER _____

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4" T.D. 269.79

CASING SIZE 8 5/8" DEPTH 264.46

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 20'

PERFS _____

DISPLACEMENT 15.5 BBL

EQUIPMENT _____

CEMENT AMOUNT ORDERED 225 SY COM
w/ 30% CL + 29% GEL

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

PUMP TRUCK CEMENTER BRAD

D1 HELPER MARK

BULK TRUCK DRIVER AUSTEN

D1 DRIVER _____

REMARKS:

RUN IN 6 JTS. CASINGS - PUT ON 12' LANDING
JOINT - CIRCULATE MUD - HOOK UP CEMENT -
MIX 225 SY - WASH UP + DISPLACE 15.5 BBL
H2O - SHUT IN W/200 PSI - CEMENT
CIRCULATE

CHARGE TO: BLACK TEA

STREET _____

CITY _____ STATE _____ ZIP _____

Global Cementing, L.L.C.,
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME NICOLAS MAIDONADO

SIGNATURE _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE 24 @ _____

MANIFOLD _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____



SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS



FIELD RECEIPT NO. 10011136160

CUSTOMER BLACK TEA OIL LLC		CREDIT APPROVAL NO.		PURCHASE ORDER NO.		CUSTOMER NUMBER 0040140007 - 0040140007		INVOICE NUMBER 90565720	
MAIL STREET OR BOX NUMBER 1014 EAST 29TH		CITY HAYS		STATE Kansas		ZIP CODE 67601			
DATE WORK MO. DAY YEAR		WELL API NO: 15109213860000		WELL TYPE: New Well					
COMPLETED 02 09 2015		Joshua M Apel							
DISTRICT PP, PERRYTON		JOB DEPTH (ft) 4,463		WELL CLASS: Gas					
WELL NAME AND NUMBER Fairleigh A #2		TD WELL DEPTH (ft) 4,485		GAS USED ON JOB: No Gas					
WELL LOCATION: LEGAL DESCRIPTION Logan		COUNTY/PARISH Kansas		JOB TYPE CODE: Long String					
PRODUCT CODE	DESCRIPTION	UNIT OF MEASURE	QUANTITY	LIST PRICE UNIT	GROSS AMOUNT	% DISC.	NET AMOUNT		
100022	Class H Cement	sacks	~150				2,706.75		
100275	Sodium Metasilicate	lbs	~106				195.57		
100295	Cello Flake	lbs	~58	60			133.11	137.70	
100404	Sodium Chloride	lbs	~363				84.94		
488019	FP-6L	gals	1				46.91		
488073	FL-62	lbs	~406				1,027.94		
499634	Kcl-Seal, 50 lb bag	lbs	~960				540.00		
499680	Static Free	lbs	~3				54.95		
499702	ClayCare, Clay Treat-2C, 250 gl tote	gals	~5				330.75		
L425411-00	Lafarge Red Rock Poz	sacks	120				885.60		
SUB-TOTAL FOR Product Material							6,006.52	6011.11	
A152	Personnel Per Diem Chrg - Cement Svc	ea	1				210.00		
M100	Bulk Materials Blending Charge	cu ft	303	304			743.11	745.56	
SUB-TOTAL FOR Service Charges							953.11	955.56	
ARRIVE LOCATION:	MO. DAY YEAR	TIME	SERVICE ORDER: I AUTHORIZE WORK TO BEGIN PER SERVICE INSTRUCTIONS IN ACCORDANCE WITH THE TERMS AND CONDITIONS PRINTED ON THE LAST PAGE OF THIS FORM AND REPRESENT THAT I HAVE AUTHORITY TO ACCEPT AND SIGN THIS ORDER.						
CUSTOMER REF.	02 09 2015	01:10	 CUSTOMER AUTHORIZED AGENT						
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS			 BHI APPROVED						



FIELD RECEIPT NO. 10011136160

CUSTOMER		CREDIT APPROVAL NO.		PURCHASE ORDER NO.		CUSTOMER NUMBER		INVOICE NUMBER	
BLACK TEA OIL LLC						00-40140007 - 00-40140007			
STREET OR BOX NUMBER		CITY		STATE		ZIP CODE			
1014 EAST 29TH		HAYS		Kansas		67601			
DATE WORK COMPLETED	MO.	DAY	YEAR	WELL API NO:		WELL TYPE :			
02 09 2015	02	09	2015	15109213860000		New Well			
DISTRICT		JOB DEPTH (ft)		WELL CLASS :					
PP, PERRYTON		4,463		Gas					
WELL NAME AND NUMBER		TD WELL DEPTH (ft)		GAS USED ON JOB :					
Fairleigh A #2		4,465		No Gas					
WELL LOCATION :		COUNTY/PARISH		JOB TYPE CODE :					
		Logan		Long String					
PRODUCT CODE	DESCRIPTION	UNIT OF MEASURE	QUANTITY	LIST PRICE UNIT	GROSS AMOUNT	% DISC.	NET AMOUNT		
F061A	Cement Pumping, 4001 - 5000 ft	6hrs	1				2,902.50		
F090	Fuel per pump charge - cement	pump/hr	6				189.69		
J050	Cement Head	job	1				373.50		
J225	Data Acquisition, Cement, Standard	job	1				958.50		
J390	Mileage, Heavy Vehicle	miles	400				2,133.00		
J391	Mileage, Auto, Pick-Up or Treating Van	miles	400				1,206.00		
J401	Bulk Delivery, Dry Products	ton-mi	2554				4,528.24		
	SUB-TOTAL FOR Freight/Delivery Charges						4,528.24		
	FIELD ESTIMATE						19,251.05	1925809	
ARRIVE LOCATION :		MO.	DAY	YEAR	TIME	SERVICE RECEIPT: I CERTIFY THAT THE MATERIALS AND SERVICES LISTED WERE RECEIVED AND ALL SERVICES PERFORMED IN A WORKMANLIKE MANNER.			
CUSTOMER REP.		02	09	2015	01:10	CUSTOMER AUTHORIZED AGENT			
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS						X			
						X			
						X			

Black Tea Oil

Fairleigh A2

RTD 4465

LTD Cased Hole 4419

Port Collar 2143 490 sks

5 ½ set @ 4463' 240 sks

8 5/8 set @ 264' 200 sks

Perfs

Cherokee	4254-60	600 gal 15% INS	
Pawnee	4162-74	1200 gal 15% INS	
Marmaton	4124-30	600 gal 15% INS	
Marmaton	4110-20	1000 gal 15% INS	
L	4010-12	200 gal 15% INS	Squeezed off
H	3938-42	200 gal 15% INS	Squeezed off
C	3796-3800	200 gal 15% INS	Squeezed off