Confidentiality Requested:

Recompletion Date

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1249408

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

DPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Nellsite 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 Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.): f Workover/Re-entry: Old Well Info as follows:	Producing Formation:
Operator:	If Alternate II completion, cement circulated from:
Nell Name:	feet depth to:w/sx cmt.
Driginal Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
	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 #:

County:

AFFIDAVIT

Recompletion Date

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:

Permit #:_

CORRECTION #1

1249408

Operator Na	me:			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 Yes No Log Formation (Top), Depth and Datu		nd Datum	Sample				
(Attach Additional Sheets) Samples Sent to Geological Survey		Yes No	Nan	ne		Тор	Datum
Cores Taken Electric Log Run	gical Sulvey	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-o		ew Used ermediate, product	ion, 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 / SQ	UEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Used Type and Percent Additives			
Protect Casing							
Plug Off Zone							
	tal base fluid of the hydr	on this well? raulic fracturing treatment ex n submitted to the chemical	-		No (If No, ski	p questions 2 ar p question 3) out Page Three	
Shots Per Foot		ON RECORD - Bridge Plugs Set/Type Footage of Each Interval Perforated			cture, Shot, Cement mount and Kind of Ma		d Depth

Packer At:

Pumping

Mcf

Producing Method:

Flowing

Liner Run:

Gas Lift

Water

No

Yes

Other (Explain)

Bbls.

TUBING RECORD:

Estimated Production

Size:

Oil

Date of First, Resumed Production, SWD or ENHR.

Set At:

Bbls.

Form	ACO1 - Well Completion
Operator	Black Tea Oil, LLC
Well Name	Krebs I 1
Doc ID	1249408

Casing

	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	23	266	COMMON	180	
Production	8.625	5.5	15.5	4540	COMMON	230	

Black Tea Oil

Krebs I

Port Collar 2147 290 sks

Perfs

 Miss
 4490-94
 500 gal 15% INS

 Morrow
 4414-30
 2500 gal 15% INS

 Did not run well in
 100 gal 15% INS

Summary of Changes

Lease Name and Number: Krebs I 1

API/Permit #: 15-109-21222-00-00

Doc ID: 1249408

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	265	266
Approved Date	03/20/2014	04/27/2015
CasingPurposeOfString PDF_1	SURFACE	Surface
CasingPurposeOfString PDF_2	PRODUCTION	Production
CasingSettingDepthPD F_1	250	266
CasingSettingDepthPD F_2	4400	4540
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement		2147
Circulated From If Alternate II Completion - Cement Circulated To		0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
If Alternate II Completion - Sacks of		290
Cement Method Of Completion - Commingled	No	Yes
Multiple Stage Cementing Collar Depth	2100	2147
Perf_Record_1		see attached report
Plug Back Total Depth	4400	4540
Producing Formation	KANSAS CITY / JOHNSON	see attached report
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11	//kcc/detail/operatorE ditDetail.cfm?docID=12
TopsDatum1	94967 -1307	49408 -1749
TopsDatum2		-1673
TopsDepth1	3970	4490
TopsDepth2		4414
TopsName1	KANSAS CITY	mississippi
TopsName2		morrow

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total Depth	4425	4550

Summary of Attachments

Lease Name and Number: Krebs I 1 API: 15-109-21222-00-00 Doc ID: 1249408 Correction Number: 1 Attachment Name



Confidentiality Requested:

CONFIDENTIAL

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1194967

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
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:
	Producing Formation:
	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?
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)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion 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 East West
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: