



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 SWGPS 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 DistributionALT I II III Approved by: _____ Date: _____

1249444

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: 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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Black Tea Oil, LLC

Krebes Q-1

Completion Report

Gove County

Sec. 30

Twp. 14S

Rge. 31W

TD-4409'

Perfs- morrow-4350-62', johnsons-4334-36', 4314-22', Ft Scott--4236-40', Pawnee-4198-4200', Alt-4180-90', Marm A-4106-12' J-3980-86', F-3854-60'

2/18/14

MIRU K&M Well service, shut down.

2/19/14

MIRU Dans Packer and RIH with shifting tool and located port collar at 2145', MIRU Allied Cementing and cemented port collar with 375 sks, ran 10 joints and washed clean, pulled tubing and started swabbing well down, shut down.

2/20/14

MIRU Kansas Acid and dumped 36 bbl acid down well to perforate in, MIRU Pioneer wireline and perforated the Morrow-4350-62', Johnsons-4334-36', 4314-22', MIRU Kansas Acid and treated with 4000 gal 15% INS and 1500 # rock salt, @ 8.5 bbl min @ 1200#, ISIP- 700#, total load-202 bbl, flowed back 28 bbl, started swabbing, Fluid level- 3200' from surface 12% oil, shut down.

2/21/14

Checked overnight fill up, 2000' from surface, 300' of oil, started testing, 1st hour- 54 bbl 22% oil, 2nd hour- 9 bbl-35% oil, down to 60' a pull, went to 20 min pulls getting 200'- 7% oil, 3rd hour- 13 bbl- 7% oil, MIRU Pioneer wireline and perforated the F- 3854-60', J- 3980-86', MIRU Dans Packer and RIH with plug and packer and isolated the J-3980-86' and swabbed down, shut down.

2/24/14

Checked overweekend fill on the J- 1900' from surface 6% oil, swabbed down-10.4 bbl, started testing- 1st 15 min- 50' water with a scum of oil, 2nd- 40' scum of oil, 3rd- 40' scum oil, moved tools up and isolated the F- 3854-60', swab tested, swab down-3.48 bbl, MIRU Kansas Acid and treated with

150 gal 20%, broke at 1900#, feeding at .25 bbl min at 800#, inc. rate to .5 bbl a min at 900#, ISIP- 650# total load- 29 bbl started swabbing, swab down 22 bbl, swabbed dry, did a 15 min test- 20', no show of oil, pulled tools.

2/25/14

MIRU Pioneer wireline and perforated Ft Scott-4236-40', pawnee-4198-4200', Alt-4180-90', Marm. A-4106-12', RIH with plug and packer and isolated the Ft Scott, pawnee, Alt. and treated with 1500 gal 20% INS and 1000# rock salt at 7.5 bbl min at 900#, swabbed down, 15min-v100' acid water, moved up and treated the marm. A with 1250 gal 20% INS 3 bbl min 1300#, swab down- 27 bbl, RBIH- no fluid entr, shut down.

2/26/14

Checked overnigh fill, 3900' from surface all acid water, released tools and went to bottom and started swabbing, 1st hour - 36 bbl show of oil, isolated the morrow- 12 bbl scum of oil, pulled tools RDMO.

Took tubing to the S-1

Summary of Changes

Lease Name and Number: Krebs Q 1

API/Permit #: 15-063-22169-00-00

Doc ID: 1249444

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	250	257
Approved Date	04/30/2014	04/27/2015
CasingPurposeOfString PDF_1	SURFACE	Surface
CasingPurposeOfString PDF_2	PRODUCTION	Production
CasingSettingDepthPDF F_1	250	257
CasingSettingDepthPDF F_2	4450	4446
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement Circulated From		2145
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 Cement	450	375
Kelly Bushing Elevation	2712	2714
Method Of Completion - Commingled	No	Yes
Multiple Stage Cementing Collar Depth	2100	2145
Perf_Record_1		see attached report
Plug Back Total Depth	4450	4409
Producing Formation	KANSAS CITY / JOHNSON	see attached report
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1202084	../../../../kcc/detail/operatorEditDetail.cfm?docID=1249444
TopsDatum1	-1307	-1636
TopsDatum2		-1600
TopsDatum3		-1522
TopsDatum4		-1484
TopsDatum5		-1466

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsDatum6		-1392
TopsDatum7		-1140
TopsDepth1	4019	4350
TopsDepth2		4314
TopsDepth3		4236
TopsDepth4		4198
TopsDepth5		4180
TopsDepth6		4106
TopsDepth7		3854
TopsName1	KASNAS CITY	morrow
TopsName2		johnson
TopsName3		ft scott
TopsName4		pawnee

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsName5		altamont
TopsName6		marmaton
TopsName7		kansas city
Total Depth	4450	4451

Summary of Attachments

Lease Name and Number: Krebs Q 1

API: 15-063-22169-00-00

Doc ID: 1249444

Correction Number: 1

Attachment Name



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1202084
OIL & GAS CONSERVATION DIVISION

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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

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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)

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feet depth to: _____ w/ _____ sx cmt.

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(Data must be collected from the Reserve Pit)

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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: _____