Confidentiality Requested: Yes No

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: State: 2	Zip:+	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.xxxxxx) (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 SWD	SIOW	Elevation: Ground: Kelly Bushing:				
☐ Gas ☐ D&A ☐ ENHR☐ OG ☐ GSW	☐ SIGW	Total Vertical Depth: Plug Back Total Depth:				
☐ OG ☐ GSW ☐ CM (Coal Bed Methane)	Temp. Abd.	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						
Deepening Re-perf. Conv. to I	<u>.</u>	Drilling Fluid Management Plan				
	GSW Conv. to Producer	(Data must be collected from the Reserve Pit)				
	_	Chloride content:ppm Fluid volume:bbls				
		Dewatering method used:				
		Downtoning motion dood.				
		Location of fluid disposal if hauled offsite:				
		Operator Name:				
GSW Permit #:		Lease Name: License #:				
Canad Data as Data Data LTD	Completion Data and	Quarter Sec Twp S. R				
Spud Date or Date Reached TD Recompletion Date	Completion Date or 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 Approved by: Date:

CORRECTION #1

Operator Name:				_ Lease l	Name: _			Well #:		
Sec Twp	S. R	East V	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres o surface test, along	sures, whether s with final chart(shut-in pre s). Attach	ssure reac extra shee	hed stati t if more	c level, hydrosta space is neede	itic pressures, bot d.	tom hole temp	erature, flui	d recovery,
Final Radioactivity Lo- files must be submitte						gs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital el	ectronic log
Drill Stem Tests Taker (Attach Additional S		Yes	No				on (Top), Depth ar			mple
Samples Sent to Geo	logical Survey	Yes	☐ No		Nam	e		Тор	Da	tum
Cores Taken Electric Log Run		☐ Yes ☐ Yes	☐ No ☐ No							
List All E. Logs Run:										
			CASING		☐ Ne					
	0: 11-1-	· ·				ermediate, product		# O	T	d Damasat
Purpose of String	Size Hole Drilled	Size Cas Set (In O		Weig Lbs. /		Setting Depth	Type of Cement	# Sacks Used		d Percent itives
		AD	DITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Ce	ement	# Sacks	Used		Type and F	ercent Additives		
Perforate Protect Casing										
Plug Back TD Plug Off Zone										
Did you perform a hydrau	•					Yes	No (If No, ski	p questions 2 ar	nd 3)	
Does the volume of the to							= :	p question 3)	of the ACO	()
Was the hydraulic fractur	ing treatment information	on submitted to the	e chemicai d	isciosure re	gistry?	Yes	No (If No, fill	out Page Three	or the ACO-1	<i>)</i>
Shots Per Foot		ION RECORD - I Footage of Each I					cture, Shot, Cement mount and Kind of Ma		d	Depth
TUBING RECORD:	Size:	Set At:		Packer A	i:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or Ef	NHR. Prod	ducing Meth	ıod:		1				
			Flowing	Pumpin	g	Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er B	bls. (Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		M	METHOD OF	COMPLE	ETION:		PRODUCTION	ON INTERVA	
Vented Sold		Open		Perf.	Dually	Comp. Cor	mmingled			
	bmit ACO-18.)		(Specify)		(Submit)	ACO-5) (Sub	mit ACO-4)			

Form	ACO1 - Well Completion	
Operator	Black Tea Oil, LLC	
Well Name	Krebs R 1	
Doc ID	1249452	

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	23	263	COMMON	180	
Production	8.625	5.5	15.5	4440	COMMON	230	

Black Tea Oil

Krebs R1

RTD 4440

LTD 4413

5 1/2 set at 4440 200 sks

8 5/8 surface 186 sks

Port Collar 2069 400 sks

Perfs

Morrow 4310-32

Johnsons 4290-4300

Johnson 4266-72

Treated with 3000 gal 15% INS

FT Scott 4182-94

Pawnee 4166-72

Altamont 4132-56

Treated above with 5000 gal 15% INS

Marmaton 4103-08 1500 gal 15% INS

Pleasaton 4046-50 1500 gal 15% INS

Summary of Changes

Lease Name and Number: Krebs R 1 API/Permit #: 15-109-21239-00-00

Doc ID: 1249452

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	250	263
Approved Date	04/30/2014	04/27/2015
CasingPurposeOfString PDF_1	SURFACE	Surface
CasingPurposeOfString PDF_2	PRODUCTION	Production
CasingSettingDepthPD F_1	250	263
CasingSettingDepthPD F_2	4388	4440
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement		2069
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	450	400
Cement Kelly Bushing Elevation	2682	2684
Method Of Completion - Commingled	No	Yes
Multiple Stage Cementing Collar Depth	2100	2069
Perf_Record_1		see attached report
Plug Back Total Depth	4450	4413
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	02100 -1307	49452 -1626
TopsDatum2		-1582
TopsDatum3		-1498
TopsDatum4		-1482

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsDatum6		-1419
TopsDatum7		-1362
TopsDepth1	3989	4310
TopsDepth2		4266
TopsDepth3		4182
TopsDepth4		4166
TopsDepth5		4132
TopsDepth6		4103
TopsDepth7		4046
TopsName1	KANSAS 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		pleasanton
Total Depth	4450	4440

Summary of Attachments

Lease Name and Number: Krebs R 1

API: 15-109-21239-00-00

Doc ID: 1249452

Correction Number: 1

Attachment Name



Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1202100

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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:		
	Producing Formation:		
□ Oil □ WSW □ SWD □ SIOW □ 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		
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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)		
Demot #	Chloride content: ppm Fluid volume: bbls		
Commingled Permit #:	Dewatering method used:		
SWD Permit #:	Location of fluid disposal if hauled offsite:		
ENHR Permit #:	Location of fluid disposal if fladied offsite.		
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

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Submitted Electronically

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