

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1257239
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: _____

1257239

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> _____	PRODUCTION INTERVAL: _____ _____
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FIELD RECEIPT NO. 10011152659

CUSTOMER BLACK TEA OIL LLC				CREDIT APPROVAL NO.	PURCHASE ORDER NO.	CUSTOMER NUMBER 0040140007 - 0040140007	INVOICE NUMBER 905939109		
MAIL INVOICE TO STREET OR BOX NUMBER 1014 EAST 29TH				CITY HAYS		STATE Kansas	ZIP CODE 67601		
DATE WORK COMPLETED	MO. 04	DAY 28	YEAR 2015	BHI REPRESENTATIVE Simeon Adda	WELL API NO: 15109214030000	WELL TYPE : New Well			
DISTRICT PP, PERRYTON				JOB DEPTH(ft) 4,538		WELL CLASS : Gas			
WELL NAME AND NUMBER FAIRLEIGH H #1				TD WELL DEPTH(ft)		GAS USED ON JOB : No Gas			
WELL LOCATION :		LEGAL DESCRIPTION 19-15S-32W		COUNTY/PARISH Logan	STATE 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	40.100	6,015.00	60%	2,406.00
100275	Sodium Metasilicate			lbs	106	4.100	434.60	60%	173.84
100295	Cello Flake			lbs	60	5.100	306.00	60%	122.40
100404	Sodium Chloride			lbs	363	0.520	188.76	60%	75.50
398108	Mud Clean II			gals	420	1.700	714.00	60%	285.60
488019	FP-6L			gals	2	104.250	208.50	60%	83.40
488073	FL-62			lbs	106	21.550	2,284.30	60%	913.72
499634	Kol-Seal, 50 lb bag			lbs	960	1.250	1,200.00	60%	480.00
499680	Static Free			lbs	3	40.700	122.10	60%	48.84
499702	ClayCare, Clay Treat-2C, 260 gl tote			gals	5	147.000	735.00	60%	294.00
L425411-00	Lafarge Red Rock Poz			sacks	120	16.400	1,968.00	60%	787.20
SUB-TOTAL FOR Product Material							14,176.26	60.00%	5,670.50
A152	Personnel Per Diem Chrg - Cement Svc			ea	1	210.000	210.00	0%	210.00
M100	Bulk Materials Blending Charge			cu ft	304	5.450	1,656.80	60%	662.72
SUB-TOTAL FOR Service Charges							1,866.80	53.25%	872.72
ARRIVE LOCATION :	MO. 04	DAY 28	YEAR 2015	TIME 18:00	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.			SERVICE RECEIPT: I CERTIFY THAT THE MATERIALS AND SERVICES LISTED WERE RECEIVED AND ALL SERVICES PERFORMED IN A WORKMANLIKE MANNER.	
CUSTOMER REP. Conrad				SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS			CUSTOMER AUTHORIZED AGENT X		
CUSTOMER AUTHORIZED AGENT							BHI APPROVED X <i>Kenneth D. Smith</i>		



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CUSTOMER BLACK TEA OIL LLC				CREDIT APPROVAL NO.	PURCHASE ORDER NO.	CUSTOMER NUMBER 0040140007 - 0040140007	INVOICE NUMBER		
MAIL INVOICE TO STREET OR BOX NUMBER 1014 EAST 29TH				CITY HAYS		STATE Kansas	ZIP CODE 67601		
DATE WORK COMPLETED	MO. 04	DAY 28	YEAR 2015	BHI REPRESENTATIVE Simeon Adda	WELL API NO: 15109214030000	WELL TYPE : New Well			
DISTRICT PP, PERRYTON				JOB DEPTH(ft) 4,538	WELL CLASS : Gas				
WELL NAME AND NUMBER FAIRLEIGH H #1				TD WELL DEPTH(ft)	GAS USED ON JOB : No Gas				
WELL LOCATION :		LEGAL DESCRIPTION 19-15S-32W		COUNTY/PARISH Logan	STATE Kansas	JOB TYPE CODE : 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	6,450.000	6,450.00	60%	2,580.00
F090	Fuel per pump charge - cement			pump/hr	6	70.250	421.50	60%	168.60
J050	Cement Head			job	1	830.000	830.00	60%	332.00
J225	Data Acquisition, Cement, Standard			job	1	2,130.000	2,130.00	60%	852.00
SUB-TOTAL FOR Equipment							9,831.50	60%	3,932.60
J401	Bulk Delivery, Dry Products			ton-mi	2562	3.940	10,094.28	60%	4,037.71
SUB-TOTAL FOR Freight/Delivery Charges							10,094.28	60.00%	4,037.71
FIELD ESTIMATE							35,968.84	59.65%	14,513.53
ARRIVE LOCATION :	MO. 04	DAY 28	YEAR 2015	TIME 18:00	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.			SERVICE RECEIPT: I CERTIFY THAT THE MATERIALS AND SERVICES LISTED WERE RECEIVED AND ALL SERVICES PERFORMED IN A WORKMANLIKE MANNER.	
CUSTOMER REP. Conrad				CUSTOMER AUTHORIZED AGENT			X CUSTOMER AUTHORIZED AGENT		
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS							X BHI APPROVED <i>Randy Shurt</i>		



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MAIL STREET OR BOX NUMBER INVOICE TO : 1014 EAST 29TH				CITY HAYS	STATE Kansas	ZIP CODE 67601			
DATE WORK COMPLETED	MO. 04	DAY 28	YEAR 2015	BHI REPRESENTATIVE Simeon Adda	WELL API NO: 15109214030000	WELL TYPE : New Well			
DISTRICT PP, PERRYTON				JOB DEPTH (ft) 4,900	WELL CLASS : Gas				
WELL NAME AND NUMBER FAIRLEIGH H #1				TD WELL DEPTH (ft)	GAS USED ON JOB : No Gas				
WELL LOCATION :		LEGAL DESCRIPTION 19-15S-32W	COUNTY/PARISH Logan	STATE 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				2,406.00
100275	Sodium Metasilicate			lbs	108				173.84
100295	Cello Flake			lbs	59				120.36
100404	Sodium Chloride			lbs	362				75.30
398108	Mud Clean II			gals	420				285.60
488019	FP-6L			gals	1				41.70
488073	FL-62			lbs	106				913.72
499634	Kol-Seal, 50 lb bag			lbs	960				480.00
499680	Static Free			lbs	4				65.12
499702	ClayCare, Clay Treat-2C, 260 gl tote			gals	6				294.00
L425411-00	Lafarge Red Rock Poz			sacks	120				787.20
SUB-TOTAL FOR Product Material									5,642.84
A152	Personnel Per Diem Chrg - Cement Svc			ea	1				210.00
M100	Bulk Materials Blending Charge			cu ft	304				662.72
SUB-TOTAL FOR Service Charges									872.72
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.			SERVICE RECEIPT: I CERTIFY THAT THE MATERIALS AND SERVICES LISTED WERE RECEIVED AND ALL SERVICES PERFORMED IN A WORKMANLIKE MANNER	
CUSTOMER REP.					 CUSTOMER AUTHORIZED AGENT			<input checked="" type="checkbox"/> CUSTOMER AUTHORIZED AGENT <input checked="" type="checkbox"/> BHI APPROVED	
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS									



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	04 28 2015	Simeon Adda	15109214030000	New Well			
DISTRICT PP, PERRYTON		JOB DEPTH (ft)	WELL CLASS :				
		4,900	Gas				
WELL NAME AND NUMBER FAIRLEIGH H #1		TD WELL DEPTH (ft)	GAS USED ON JOB :				
			No Gas				
WELL LOCATION :	LEGAL DESCRIPTION	COUNTY/PARISH	STATE	JOB TYPE CODE :			
	19-15S-32W	Logan	Kansas	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				2,580.00
F090	Fuel per pump charge - cement	pump/hr	6				188.60
J050	Cement Head	job	1				332.00
J225	Data Acquisition, Cement, Standard	job	1				852.00
	SUB-TOTAL FOR Equipment						3,982.60
J401	Bulk Delivery, Dry Products	ton-mi	2562				4,037.71
	SUB-TOTAL FOR Freight/Delivery Charges						4,037.71
	FIELD ESTIMATE						14,485.87
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.			SERVICE RECEIPT: I CERTIFY THAT THE MATERIALS AND SERVICES LISTED WERE RECEIVED AND ALL SERVICES PERFORMED IN A WORKMANLIKE MANNER.		
CUSTOMER REP.					CUSTOMER AUTHORIZED AGENT		
					X		
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS		CUSTOMER AUTHORIZED AGENT			BHI APPROVED		
					X <i>Randy Shute</i>		

