

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1262593
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: _____

1262593

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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GLOBAL CEMENTING, L.L.C.

1723

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT:
RUSSELL, KS

DATE <u>6-29-15</u>	SEC <u>12</u>	TWP. <u>15</u>	RANGE <u>33</u>	CALLED OUT	ON-LOCATION	JOB START <u>9:30 AM</u>	JOB FINISH <u>10:1 AM</u>
LEASE <u>FALLFIELD</u> WELL # <u>1</u>			LOCATION		COUNTY <u>LOGAN</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (CIRCLE ONE)							

CONTRACTOR <u>LANDMARK RIG #6</u>	
TYPE OF JOB <u>SURFACE</u>	
HOLE SIZE <u>12 1/4</u>	T.D.
CASING SIZE <u>8 5/8</u>	DEPTH <u>265</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <u>20</u>	
PERFS	
DISPLACEMENT <u>15.5 BBL</u>	
EQUIPMENT	
PUMP TRUCK # <u>A</u>	CEMENTER <u>PAAN</u>
	HELPER <u>BLAD</u>
BULK TRUCK # <u>B3</u>	DRIVER <u>NATHAN</u>
BULK TRUCK #	DRIVER

OWNER	
CEMENT AMOUNT ORDERED <u>225 SF COM</u>	
<u>3% CC</u>	<u>2% GFC</u>
COMMON	@
POZMIX	@
GEL	@
CHLORIDE	@
ASC	@
	@
	@
	@
	@
	@
	@
	@
HANDLING	@
MILEAGE	@
TOTAL	

REMARKS:

Run in 10 fts. 8 5/8 casing - circulate mud - hook up cement mix 225 SF - wash up + displace with 15.5 BBL H2O - shut in @ 200 PSI - cement did 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 _____
SIGNATURE _____

SERVICE	
DEPTH OF JOB	
PUMP TRUCK CHARGE	
EXTRA FOOTAGE	@
MILEAGE	@
MANIFOLD	@
	@
	@
TOTAL	

PLUG & FLOAT EQUIPMENT

	@
	@
	@
	@
	@
TOTAL	

SALES TAX (If Any) _____
TOTAL CHARGES _____
DISCOUNT _____ IF PAID IN 30 DAYS



FIELD RECEIPT NO. 10011164316

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. 07	DAY 07	YEAR 2015	BHI REPRESENTATIVE Justin L Ellis	WELL API NO: 15109214200000	WELL TYPE : New Well			
DISTRICT PP, PERRYTON				JOB DEPTH(ft) 4,500	WELL CLASS : Oil				
WELL NAME AND NUMBER FAIRLEIGH P #1				TD WELL DEPTH(ft)	GAS USED ON JOB : No Gas				
WELL LOCATION :		LEGAL DESCRIPTION 12-15S-33W		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	153	40.100	6,135.30	60%	2,454.12
100275	Sodium Metasilicate			lbs	44	4.100	180.40	60%	72.16
100404	Sodium Chloride			lbs	398	0.520	206.96	60%	82.78
488019	FP-6L			gals	4	104.250	417.00	60%	166.80
499634	Kol-Seal, 50 lb bag			lbs	490	1.250	612.50	60%	245.00
499680	Static Free			lbs	4	40.700	162.80	60%	65.12
499702	ClayCare, Clay Treat-2C, 260 gl tote			gals	5	147.000	735.00	60%	294.00
L425411-00	Lafarge Red Rock Poz			sacks	122	16.400	2,000.80	60%	800.32
L488591-50	MPA-170, 44 lb sack			lbs	54	125.000	6,750.00	60%	2,700.00
SUB-TOTAL FOR Product Material							17,200.76	60.00%	6,880.30
A152	Personnel Per Diem Chrg - Cement Svc			ea	1	210.000	210.00	0%	210.00
M100	Bulk Materials Blending Charge			cu ft	292	5.450	1,591.40	60%	636.56
SUB-TOTAL FOR Service Charges							1,801.40	53.01%	846.56
ARRIVE LOCATION :	MO. 07	DAY 07	YEAR 2015	TIME 10:00	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. GERALD				CUSTOMER AUTHORIZED AGENT			X CUSTOMER AUTHORIZED AGENT		
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS							X BHI APPROVED <i>Randy Shute</i>		

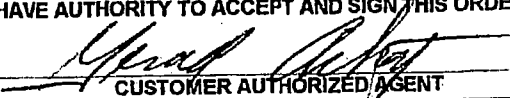




FIELD RECEIPT NO. 10011164316

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. 07	DAY 07	YEAR 2015	BHI REPRESENTATIVE Justin L. Ellis		WELL API NO: 15109214200000		WELL TYPE : New Well		
DISTRICT PP, PERRYTON					JOB DEPTH(ft) 4,500		WELL CLASS : Oil				
WELL NAME AND NUMBER FAIRLEIGH P #1					TD WELL DEPTH(ft)		GAS USED ON JOB : No Gas				
WELL LOCATION :		LEGAL DESCRIPTION 12-15S-33W			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	
J390	Mileage, Heavy Vehicle				miles	400	11.850	4,740.00	60%	1,896.00	
J391	Mileage, Auto, Pick-Up or Treating Van				miles	400	6.700	2,680.00	60%	1,072.00	
	SUB-TOTAL FOR Equipment							17,251.50	60%	6,900.60	
J401	Bulk Delivery, Dry Products				ton-mi	2538	3.940	9,999.72	60%	3,999.89	
	SUB-TOTAL FOR Freight/Delivery Charges							9,999.72	60.00%	3,999.89	
	FIELD ESTIMATE							46,253.38	59.73%	18,627.35	
ARRIVE LOCATION :	MO. 07	DAY 07	YEAR 2015	TIME 10:00	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. GERALD					CUSTOMER AUTHORIZED AGENT				X		
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS									BHI APPROVED		
					CUSTOMER AUTHORIZED AGENT						



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DISTRICT PP, PERRYTON				JOB DEPTH (ft) 4,500	WELL CLASS : Gas					
WELL NAME AND NUMBER FAIRLEIGH T #1				TD WELL DEPTH (ft)	GAS USED ON JOB : No Gas					
WELL LOCATION :		LEGAL DESCRIPTION		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	158	153			2,534.32	
100275	Sodium Metasilicate			lbs	44				72.16	
100404	Sodium Chloride			lbs	398				82.78	
488019	FP-6L			gals	4				166.80	
499634	Koi-Seal, 50 lb bag			lbs	490				245.00	
499680	Static Free			lbs	4				65.12	
499702	ClayCare, Clay Treat-2C, 260 gl tote			gals	5				294.00	
L425411-00	Lafarge Red Rock Poz			sacks	122				800.32	
L488591-50	MPA-170, 44 lb sack			lbs	54				2,700.00	
SUB-TOTAL FOR Product Material									6,960.50	
A152	Personnel Per Diem Chrg - Cement Svc			ea	1				210.00	
M100	Bulk Materials Blending Charge			cu ft	297				647.46	
SUB-TOTAL FOR Service Charges									857.46	
ARRIVE LOCATION :	MO. 07	DAY 07	YEAR 2015	TIME 10:00	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. GERALD					 CUSTOMER AUTHORIZED AGENT			<input checked="" type="checkbox"/> CUSTOMER AUTHORIZED AGENT  <input checked="" type="checkbox"/> BHI APPROVED 		
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS										



FIELD RECEIPT NO. 10011164316

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PRODUCT CODE	DESCRIPTION			UNIT OF MEASURE	QUANTITY	LIST PRICE UNIT	GROSS AMOUNT	% DISC.	NET AMOUNT
F081A	Cement Pumping, 4001 - 5000 ft			6hrs	1				2,580.00
F090	Fuel per pump charge - cement			pump/hr	6				168.60
J050	Cement Head			job	1				332.00
J225	Data Acquisition, Cement, Standard			job	1				852.00
J390	Mileage, Heavy Vehicle			miles	400				1,896.00
J391	Mileage, Auto, Pick-Up or Treating Van			miles	400				1,072.00
	SUB-TOTAL FOR Equipment								6,900.60
J401	Bulk Delivery, Dry Products			ton-mi	2585				4,073.96
	SUB-TOTAL FOR Freight/Delivery Charges								4,073.96
	FIELD ESTIMATE								18,792.52
ARRIVE LOCATION :	MO. 07	DAY 07	YEAR 2015	TIME 10:00	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. GERALD				CUSTOMER AUTHORIZED AGENT			X		
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS							X		

GLOBAL CEMENTING, L.L.C.

1736

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT
RUSSELL, KS

DATE <u>7-20-15</u>	SEC. <u>12</u>	TWP. <u>15</u>	RANGE <u>33</u>	CALLED OUT	ON LOCATION <u>9AM</u>	JOB START <u>12PM</u>	JOB FINISH <u>1PM</u>
LEASE <u>FAIRFIGHT P</u> WELL # <u>1</u>			LOCATION		COUNTY <u>LOGAN</u>	STATE <u>KS</u>	
OLD OR <u>(NEW)</u> (CIRCLE ONE)							

CONTRACTOR <u>K+M</u>	
TYPE OF JOB <u>PORT COLUMN</u>	
HOLE SIZE <u>7 1/2"</u>	T.D.
CASING SIZE <u>5 1/2"</u>	DEPTH
TUBING SIZE <u>2 1/8"</u>	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH <u>2135</u>
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS	
DISPLACEMENT <u>10.25 BBL</u>	
EQUIPMENT	
PUMP TRUCK	CEMENTER <u>BAAD</u>
# <u>P1</u>	HELPER <u>BAANDON</u>
BULK TRUCK	
# <u>B1</u>	DRIVER <u>AUSTIN</u>
BULK TRUCK	
#	DRIVER

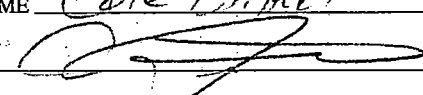
OWNER	
CEMENT	
AMOUNT ORDERED	<u>400 SY 60/40 MD</u>
COMMON	@
POZMIX	@
GEL	@
CHLORIDE	@
ASC	@
<u>FULLS</u>	<u>500#</u>
	@
	@
	@
	@
	@
	@
HANDLING	@
MILEAGE	
TOTAL	

REMARKS:

RUN TOBAG TO 2135' - TEST TOOLS TO 1,000 PSI - HOLD PRESSURE - BLEEDS DOWN TO 200 PSI - OPEN PORT COLUMN - CHECK FOR BLOW - GOOD - MIX CEMENT TILL CEMENT CIRCULATED - DISPLACE 10.25 BBL H2O - ~~DISPLACE 10.25 BBL H2O~~ - CLOSE PORT COLUMN - PRESSURE UP TO 1,000 PSI - HOLD - GOOD - RUN IN 10 JTS - WASH TOOLS CLEAN

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 Cole Dinkler
SIGNATURE 

SERVICE	
DEPTH OF JOB	
PUMP TRUCK CHARGE	
EXTRA FOOTAGE	@
MILEAGE	@
MANIFOLD	@
	@
	@
TOTAL	

PLUG & FLOAT EQUIPMENT	
	@
	@
	@
	@
	@
TOTAL	

SALES TAX (If Any) _____
TOTAL CHARGES _____
DISCOUNT _____ IF PAID IN 30 DAYS