

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: _____

1248847

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 (Attach Additional Sheets)	<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 ☐ New ☐ 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
____ Perforate				
____ Protect Casing				
____ Plug Back TD				
____ 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 (Amount and Kind of Material Used)	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:

☐ Vented ☐ Sold ☐ Used on Lease

(If vented, Submit ACO-18.)

METHOD OF COMPLETION:

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled
(Submit ACO-5) (Submit ACO-4)☐ Other (Specify) _____

PRODUCTION INTERVAL:

Form	ACO1 - Well Completion
Operator	Black Tea Oil, LLC
Well Name	Hoeme 2
Doc ID	1248847

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	23	264	common	200	
Production	8.625	5.5	15.5	4578	common	230	

Black Tea Oil

Hoeme 2

RTD 4581

LTD cased hole 4537

Port Collar @ 2216 475 sks

5 ½ set @ 4578 230 sks

8 5/8 set @ 264 200sks

Perfs

Morrow	4412-26	600 gal
Morrow	4385-91	250 gal
Cherokee	4311-16	200 gal
Marmaton	4150-55	500 gal
L	4062-72	1000 gal
K	4030-38	800 gal
J	4002-05	did not treat
H	3946-52	did not treat
F	3854-58	400 gal
E	3826-33	700 gal
D	3810-14	400 gal
C	3772-82	1000 gal

Summary of Changes

Lease Name and Number: Hoeme 2

API/Permit #: 15-109-21375-00-00

Doc ID: 1248847

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	250	264
Approved Date	02/06/2015	04/27/2015
CasingNumbSacksUsedPDF_1	180	200
CasingSettingDepthPDF_1	250	264
CasingSettingDepthPDF_2	4500	4578
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement Circulated From		221
If Alternate II Completion - Cement Circulated To		0
If Alternate II Completion - Sacks of Cement		475

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Kelly Bushing Elevation	2799	2801
Method Of Completion - Commingled	No	Yes
Multiple Stage Cementing Collar Depth	2100	2216
Perf_Record_1		see attached report
Plug Back Total Depth	4500	4537
Producing Formation	Kansas City/ Johnson	See Attached Report
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1241730	../../../../kcc/detail/operatorEditDetail.cfm?docID=1248847
TopsDatum1	-1307	-1584
TopsDatum2		-1510
TopsDatum3		-1349
TopsDatum4		-971
TopsDepth1	4099	4385
TopsDepth2		4311

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsDepth3		4150
TopsDepth4		3772
TopsName1	Kansas City	Morrow
TopsName2		Cherokee
TopsName3		Marmaton
TopsName4		Kansas City
Total Depth	4500	4581

Summary of Attachments

Lease Name and Number: Hoeme 2

API: 15-109-21375-00-00

Doc ID: 1248847

Correction Number: 1

Attachment Name

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1241730

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: _____

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 ☐ 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: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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			
Geologist Report / Mud Logs	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
List All E. Logs Run:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used Report all strings set-conductor, surface, intermediate, production, etc. </div>							
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				

1. Did you perform a hydraulic fracturing treatment on this well? ☐ Yes ☐ No (If No, skip questions 2 and 3)
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☐ No (If No, skip question 3)
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)

Date of first Production/Injection or Resumed Production/Injection:		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water	Bbls.	Gas-Oil Ratio Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>		<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i> <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i></p>		<p>PRODUCTION INTERVAL:</p> <p>Top Bottom</p>	

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Black Tea Oil, LLC
Well Name	Hoeme 2
Doc ID	1241730

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	16	250	common	180	
Production	8.625	5.5	20	4500	common	230	

6,582.82 Net.

6,582.82 Net.



FIELD RECEIPT NO. 10011124736

CUSTOMER BLACK TEA OIL LLC		CREDIT APPROVAL NO.		PURCHASE ORDER NO.		CUSTOMER NUMBER 0040140007 - 0040140007		INVOICE NUMBER	
MAIL STREET OR BOX NUMBER 1011 CENTENNIAL BOULEVARD, SUITE B		CITY HAYS		STATE Kansas		ZIP CODE 67601			
DATE WORK MO. DAY YEAR 12 11 2014		BHI REPRESENTATIVE Lucas Kelly		WELL API NO. 15109213750000		WELL TYPE New Well			
DISTRICT PP, PERRYTON				JOB DEPTH(ft) 4,580		WELL CLASS Gas			
WELL NAME AND NUMBER HOEME #2		TD WELL DEPTH(ft)		GAS USED ON JOB No Gas					
WELL LOCATION 30-14S-32W		COUNTRY/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	140	40.100	5,614.00	45%	3,087.70
100275	Sodium Metasilicate			lbs	97	4.100	397.70	45%	218.74
100295	Cello Flake			lbs	55	5.100	280.50	45%	154.28
100404	Sodium Chloride			lbs	332	0.520	172.64	45%	94.95
488019	FP-6L			gals	2	104.250	208.50	45%	114.68
488073	FL-62			lbs	97	21.550	2,090.35	45%	1,149.69
499634	Kol-Seal, 50 lb bag			lbs	880	1.250	1,100.00	45%	605.00
499680	Static Free			lbs	4	40.700	162.80	45%	89.54
499702	ClayCare, Clay Treat-2C, 260 gl tote			gals	5	147.000	735.00	45%	404.25
L425411-00	Lafarge Red Rock Poz			sack	110	16.400	1,804.00	45%	992.20
SUB-TOTAL FOR Product Material							12,565.49	45.00%	6,911.03
A152	Personnel Per Diem Chrg - Cement Svc			ea	1	210.000	210.00	0%	210.00
M100	Bulk Materials Blending Charge			cu ft	171	5.450	931.95	45%	512.57
SUB-TOTAL FOR Service Charges							1,141.95	36.72%	722.57
ARRIVE LOCATION : 12 11 2014 11:10		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.							
CUSTOMER REP.		CUSTOMER AUTHORIZED AGENT							
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS		BHI APPROVED <i>[Signature]</i>							



FIELD RECEIPT NO. 10011124736

CUSTOMER BLACK TEA OIL LLC				CREDIT APPROVAL NO.		PURCHASE ORDER NO.		CUSTOMER NUMBER 0040140007 - 0040140007		INVOICE NUMBER	
MAIL INVOICE TO 1011 CENTENNIAL BOULEVARD, SUITE B				CITY HAYS		STATE Kansas		ZIP CODE 67601			
DATE WORK COMPLETED		MO. 12	DAY 11	YEAR 2014	BHI REPRESENTATIVE Lucas Kelly		WELL API NO: 15109213750000		WELL TYPE : New Well		
DISTRICT PP, PERRYTON					JOB DEPTH (ft) 4,580				WELL CLASS : Gas		
WELL NAME AND NUMBER HOEME #2					TD WELL DEPTH (ft)				GAS USED ON JOB : No Gas		
WELL LOCATION :		LEGAL DESCRIPTION 30-14S-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	6,450.00		6,450.00	45%	3,547.50	
F090	Fuel per pump charge - cement			pump/hr	6	70.250		421.50	0%	421.50	
J050	Cement Head			job	1	830.000		830.00	45%	456.50	
J225	Data Acquisition, Cement, Standard			job	1	2,130.000		2,130.00	45%	1,171.50	
J390	Mileage, Heavy Vehicle			miles	400	11.850		4,740.00	45%	2,607.00	
J391	Mileage, Auto, Pick-Up or Treating Van			miles	800	6.700		5,360.00	45%	2,948.00	
J553	Circulating Equipment			job	1	2,380.000		2,380.00	45%	1,309.00	
SUB-TOTAL FOR Equipment								22,311.50	44.15%	12,461.00	
J401	Bulk Delivery, Dry Products			ton-mi	1463	3.940		5,764.22	45%	3,170.32	
SUB-TOTAL FOR Freight/Delivery Charges								5,764.22	45.00%	3,170.32	
FIELD ESTIMATE								41,783.16	44.32%	23,264.92	
ARRIVE LOCATION :				MO. 12	DAY 11	YEAR 2014	TIME 11:10	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.			
CUSTOMER REP.								X CUSTOMER AUTHORIZED AGENT			
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS								X BHI APPROVED <i>Justin Ellis</i>			



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WELL NAME AND NUMBER HOEME #2				TD WELL DEPTH(ft)		GAS USED ON JOB : No Gas					
WELL LOCATION :		LEGAL DESCRIPTION Logan		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	140				3,087.70				
100275	Sodium Metasilicate	lbs	97				218.74				
100295	Cello Flake	lbs	54				151.47				
100404	Sodium Chloride	lbs	332				94.95				
488019	FP-6L	gals	1				57.34				
488073	FL-62	lbs	97				1,149.69				
489634	Kol-Seal, 50 lb bag	lbs	880				605.00				
489680	Static Free	lbs	4				89.54				
489702	ClayCare, Clay Treat-2C, 260 gl tote	gals	5				404.25				
L425411-00	Lafarge Red Rock Poz	sack	110				992.20				
SUB-TOTAL FOR Product Material							6,850.88				
A152	Personnel Per Diem Chrg - Cement Svc	ea	1				210.00				
M100	Bulk Materials Blending Charge	cu ft	171				512.57				
SUB-TOTAL FOR Service Charges							722.57				
ARRIVE LOCATION : MO. 12 DAY 11 YEAR 2014 TIME 11:10				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 <i>Marvin Maldonado</i> CUSTOMER AUTHORIZED AGENT				CUSTOMER AUTHORIZED AGENT x <i>Marvin Maldonado</i> BHI APPROVED x <i>Justin Ellis</i>			
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS											



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PRODUCT CODE	DESCRIPTION				UNIT OF MEASURE	QUANTITY	LIST PRICE UNIT	GROSS AMOUNT	% DISC.	NET AMOUNT	
F061A	Cement Pumping, 4001 - 5000 ft				6hrs	1				3,547.50	
F090	Fuel per pump charge - cement				pump/hr	6				421.50	
J050	Cement Head				job	1				456.50	
J225	Data Acquisition, Cement, Standard				job	1				1,171.50	
J390	Mileage, Heavy Vehicle				miles	400				2,607.00	
J391	Mileage, Auto, Pick-Up or Treating Van				miles	800				2,948.00	
J553	Circulating Equipment				job	1				1,309.00	
SUB-TOTAL FOR Equipment										12,461.00	
J401	Bulk Delivery, Dry Products				ton-mi	1463					3,170.32
SUB-TOTAL FOR Freight/Delivery Charges											3,170.32
FIELD ESTIMATE											23,204.77
ARRIVE LOCATION :				MO. 12	DAY 11	YEAR 2014	TIME 11:10		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.		
CUSTOMER REP.								X CUSTOMER AUTHORIZED AGENT			
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS								BHI APPROVED <i>Justin Ellis</i>			



Job ID: 10011124736 Estimate No: 101021448

Operator Name: BLACK TEA OIL LLC
Well Name: HOEME #2
Job Description: 5-1/2" x 7-7/8 OH - 4600' MD
Date: December 10, 2014

JOB SUMMARY/SERVICE ORDER

4,600 ft	Depth (TVD)
4,600 ft	Depth (MD)
7.875 in	Hole Size
5 1/2 in, 15.5 lbs/ft	Casing Size
5 1/2" O.D. (4.950" I.D.) 15.5 #	Pump Via
771 gals	Total Mix Water
27 bbls	Scavenger Slurry
11.0 ppq	Scavenger
3.03 cf/sack	Density
41 bbls	Yield
14.3 ppq	Cement Slurry
1.36 cf/sack	Arkoma Lite w/ Adds
109 bbls	Density
9.0 ppq	Displacement
6 bbls	Displacement Fluid
16.4 ppq	Density
1.06 cf/sack	Cement Slurry
	Fill in for Rat hole
	Density
	Yield
	Estimated Price
\$25,574.70	

Summary of Changes Agreed to on Location (to be initialed by Customer):

TERMS: IN THE ABSENCE OF A MASTER SERVICE AGREEMENT BETWEEN BAKER HUGHES AND CUSTOMER, THE BAKER HUGHES WORLDWIDE TERMS AND CONDITIONS ATTACHED HERETO SHALL GOVERN THE PRODUCTS AND SERVICES PROVIDED HEREUNDER. THE TERMS AND CONDITIONS CONTAIN INDEMNITIES, WAIVERS OF WARRANTIES AND LIMITATIONS ON REMEDIES AND SHOULD BE CAREFULLY REVIEWED BY CUSTOMER.

SERVICE ORDER: I authorize work to begin as described above and in accordance with the attached Baker Hughes Worldwide Terms and Conditions. I represent that I have authority to accept and sign this Service Order:
Mark Maldonado
Customer Authorized Representative
Date: *12-11-14*