

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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Summary of Changes

Lease Name and Number: McGuire B 1

API/Permit #: 15-109-21379-00-00

Doc ID: 1248926

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	250	264
Approved Date	03/24/2015	04/14/2015
CasingNumbSacksUsedPDF_1	180	200
CasingSettingDepthPDF_2	4500	4408
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
Completion Or Recompletion Date	11/28/2014	12/06/2014
Date Reached TD	11/28/2014	12/05/2014
Kelly Bushing Elevation	2678	2680
Producing Formation	Kansas City/Johnson	N/A

Summary of changes for correction 2 continued

Field Name	Previous Value	New Value
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1247125	../../../../kcc/detail/operatorEditDetail.cfm?docID=1248926
Spud Or Recompletion Date	11/21/2014	11/28/2014
TopsDatum1	-1307	-1644
TopsDatum2		-1608
TopsDepth1	3978	4324
TopsDepth2		4288
TopsName1	Kansas City	Morrow
TopsName2		Johnson
Total Depth	4357	4408
Well Type	OIL	DH



Confidentiality Requested:

Yes No

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: _____



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242658
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: _____

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: _____

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 Geologist Report / Mud Logs <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				

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 <i>(Explain)</i> _____				
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>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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ALLIED OIL & GAS SERVICES, LLC 064773

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:

Oakley

DATE <u>11-28-14</u>	SEC. <u>19</u>	TWP. <u>14</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION	JOB START <u>4:00 PM</u>	JOB FINISH <u>4:20 PM</u>
LEASE <u>McGuire B</u>	WELL # <u>1</u>	LOCATION <u>Oakley 23.5 4W N+6100</u>			COUNTY <u>Logan</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Landmark Co OWNER Same

TYPE OF JOB surface

HOLE SIZE 12 1/4 T.D. 275' CEMENT

CASING SIZE 8 5/8 DEPTH 265' AMOUNT ORDERED 180 sacks com 3 1/2 cu

TUBING SIZE DEPTH 3 1/2 gal

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM COMMON 180 sacks @ 17.90 3222.00

MEAS. LINE SHOE JOINT 1/2 POZMIX @

CEMENT LEFT IN CSG. 151 GEL 338 @ .50 169.00

PERFS. CHLORIDE 501 @ 1.10 557.70

DISPLACEMENT 15.92 ASC @

EQUIPMENT @

INTEGRAL TOTAL @ 3948.70

PUMP TRUCK CEMENTER Andrew Foshard (394.87/100) @

431 HELPER Brandon Wilkinson @

BULK TRUCK @

891 DRIVER Oscar (TMS) @

BULK TRUCK @

DRIVER @

HANDLING 194.64 cu/ft @ 2.48 482.70

MILEAGE 2.25 ton/mile @ 8.08 ton 272.60

REMARKS: TOTAL

SERVICE

DEPTH OF JOB 265'

PUMP TRUCK CHARGE 1512.25

EXTRA FOOTAGE @

MILEAGE 30 miles @ 7.70 231.00

MANIFOLD head @ 225.00

Light vehicle @ 4.40 132.00

CHARGE TO: Black Tea TOTAL 3365.55

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

TOTAL

SALES TAX (if Any)

TOTAL CHARGES 7314.25

PRINTED NAME Robert M. Wilford DISCOUNT 231.42 (10%) IF PAID IN 30 DAYS

SIGNATURE _____

658282 Net

To: Allied Oil & Gas Services, LLC.
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.



FIELD RECEIPT NO. 10011123463

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 COMPLETED MO. 12 DAY 07 YEAR 2014	BHI REPRESENTATIVE Lucas Kelly	WELL API NO: 15109213790000	WELL TYPE: New Well				
DISTRICT PP, PERRYTON		JOB DEPTH(ft) 4,408	WELL CLASS: Gas				
WELL NAME AND NUMBER MCGUIRE B #1		TD WELL DEPTH(ft) 4,408	GAS USED ON JOB: No Gas				
WELL LOCATION: 19-14S-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
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	54	5.100	275.40	45%	151.47
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				12,560.39	45.00%	6,908.22
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: MO. 12 DAY 06 YEAR 2014 TIME 21:00		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.					
CUSTOMER REP.		CUSTOMER AUTHORIZED AGENT					
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS		CUSTOMER AUTHORIZED AGENT BHI APPROVED <i>Justin Ellis</i>					




FIELD RECEIPT NO. 10011123463

CUSTOMER BLACK TEA OIL LLC		CREDIT APPROVAL NO.		PURCHASE ORDER NO.		CUSTOMER NUMBER 0040140007 - 0040140007		INVOICE NUMBER	
MAIL INVOICE TO STREET OR BOX NUMBER 1011 CENTENNIAL BOULEVARD, SUITE B		CITY HAYS		STATE Kansas		ZIP CODE 67601			
DATE WORK COMPLETED MO. 12 DAY 07 YEAR 2014		BHI REPRESENTATIVE Lucas Kelly		WELL APINO: 15109213790000		WELL TYPE: New Well			
DISTRICT PP, PERRYTON		JOB DEPTH(ft) 4,408		WELL CLASS: Gas					
WELL NAME AND NUMBER MCGUIRE B #1		TD WELL DEPTH(ft) 4,408		GAS USED ON JOB: No Gas					
WELL LOCATION: LEGAL DESCRIPTION 19-14S-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	6,450.000	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		
J401	Bulk Delivery, Dry Products	ton-mi	1463	3.940	5,764.22	45%	3,170.32		
SUB-TOTAL FOR Equipment					22,311.50	44.15%	12,461.00		
SUB-TOTAL FOR Freight/Delivery Charges					5,764.22	45.00%	3,170.32		
FIELD ESTIMATE					41,778.06	44.32%	23,262.11		
ARRIVE LOCATION : MO. 12 DAY 06 YEAR 2014 TIME 21:00		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 AUTHORIZED AGENT			
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS		CUSTOMER AUTHORIZED AGENT		BHI APPROVED					



FIELD RECEIPT NO. 10011123463

CUSTOMER BLACK TEA OIL LLC		CREDIT APPROVAL NO.		PURCHASE ORDER NO.		CUSTOMER NUMBER 0040140007 - 0040140007		INVOICE NUMBER	
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DATE WORK COMPLETED MO. 12 DAY 07 YEAR 2014		BHI REPRESENTATIVE Lucas Kelly		WELL API NO.		WELL TYPE : New Well			
DISTRICT PP, PERRYTON		JOB DEPTH(ft) 4,408		WELL CLASS : Gas					
WELL NAME AND NUMBER McGuire B #1		TD WELL DEPTH(ft) 4,408		GAS USED ON JOB : No Gas					
WELL LOCATION : LEGAL DESCRIPTION Rush		COUNTY/PARISH 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		
499634	Koi-Seal, 50 lb bag	lbs	880				605.00		
499680	Static Free	lbs	4				89.54		
499702	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									
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									
								6,850.88	

ARRIVE LOCATION : MO. 12 DAY 06 YEAR 2014 TIME 21:00			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.		
CUSTOMER REP.			<input checked="" type="checkbox"/> CUSTOMER AUTHORIZED AGENT <input checked="" type="checkbox"/> BHI APPROVED 		
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS			CUSTOMER AUTHORIZED AGENT		



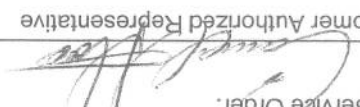
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DISTRICT PP, PERRYTON		JOB DEPTH(ft) 4,408		WELL CLASS : Gas					
WELL NAME AND NUMBER McGuire B #1		TD WELL DEPTH(ft) 4,408		GAS USED ON JOB : No Gas					
WELL LOCATION : LEGAL DESCRIPTION Rush		COUNTY/PARISH Kansas		JOB TYPE CODE : Long String					
PRODUCT CODE	DESCRIPTION	UNIT OF MEASURE	QUANTITY	LIST PRICE UNIT	GROSS AMOUNT	% DISC.	NET AMOUNT		
F061A	Cement Pumping, 4001 - 5000 ft	6hrs	1				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		
J401	Bulk Delivery, Dry Products	ton-mi	1463				3,170.32		
SUB-TOTAL FOR Equipment							12,461.00		
SUB-TOTAL FOR Freight/Delivery Charges							3,170.32		
FIELD ESTIMATE							23,204.77		
ARRIVE LOCATION : MO. DAY YEAR 12 06 2014		TIME 21:00		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.					
CUSTOMER REP.				SERVICE RECEIPT: I CERTIFY THAT THE MATERIALS AND SERVICES LISTED WERE RECEIVED AND ALL SERVICES PERFORMED IN A WORKMANLIKE MANNER.					
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS				X CUSTOMER AUTHORIZED AGENT					
				X BHI APPROVED <i>Justin Elin</i>					

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:

Customer Authorized Representative: 

Date: 12/7/14

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

JOB SUMMARY/SERVICE ORDER

Job ID: 10011123463 Estimate No: 1000795881



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