



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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Black Tea Oil

Mcguire C1

RTD @ 4520

LTD @ 4082

Port collar @ 2156 Did not do Plugged well

5 ½ set @ 4115' 220 sks

8 5/8 set @ 264' 225 sks

Perfs

K	3983-90	did not treat
C	3772-82	1000 gal
A	3752-63	700 gal

## Summary of Changes

Lease Name and Number: McGuire C 1

API/Permit #: 15-109-21381-00-00

Doc ID: 1248941

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	02/13/2015	04/14/2015
CasingNumbSacksUse dPDF_1	180	225
CasingNumbSacksUse dPDF_2	230	220
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement Circulated From	2100	
If Alternate II Completion - Cement Circulated To	0	
If Alternate II Completion - Sacks of Cement	450	
Kelly Bushing Elevation	2686	2688

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Multiple Stage Cementing Collar Depth	2100	
Multiple Stage Cementing Collar Used? Perf_Record_1	Yes	No  See attached report
Plug Back Total Depth		4082
Producing Formation	Kansas City/Johnson	N/A
Save Link	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12 42673	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12 48941
TopsDatum1	-1307	-1064
TopsDepth1	2986	3752
Total Depth	4500	4520

## Summary of Attachments

Lease Name and Number: McGuire C 1

API: 15-109-21381-00-00

Doc ID: 1248941

Correction Number: 1

Attachment Name



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1242673  
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
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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: \_\_\_\_\_



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							
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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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# GLOBAL CEMENTING, L.L.C.

1566

REMIT TO 18048 170RD  
RUSSELL, KS 67665

SERVICE POINT:  
RUSSELL, KS

DATE	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
12-18-2017							
LEASE <u>M<sup>c</sup>GUIRE</u> @ WELL #. <u>1</u>			LOCATION			COUNTY <u>LOKAW</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (CIRCLE ONE)							

CONTRACTOR ANDREAS DALLING  
 TYPE OF JOB Surface  
 HOLE SIZE 12 1/4" T.D. 273.89'  
 CASING SIZE 8 7/8" DEPTH 267.24'  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX MINIMUM  
 MEAS. LINE SHOE JOINT  
 CEMENT LEFT IN CSG.  
 PERFS  
 DISPLACEMENT 15.75 BBL  
 EQUIPMENT

PUMP TRUCK CEMENTER BIAO  
 # 011 HELPER BUD  
 BULK TRUCK  
 # B1 DRIVER TIM  
 BULK TRUCK  
 # DRIVER

REMARKS:  
Run to joints 8 7/8 casing w/ 12" landings  
Joint - Bit on sledge - circulate mud -  
mix 175 sacks cement - Displace BBL -  
shot w/ 11/200 PSI - cement did circ.

CHARGE TO: BLACK T-2  
 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 Robert Maitland  
 SIGNATURE \_\_\_\_\_

OWNER \_\_\_\_\_  
 CEMENT AMOUNT ORDERED 175 SK common  
w/ 3 1/2 cc + 4 1/2 gal  
 COMMON @ \_\_\_\_\_  
 POZMIX @ \_\_\_\_\_  
 GEL @ \_\_\_\_\_  
 CHLORIDE @ \_\_\_\_\_  
 ASC @ \_\_\_\_\_  
 @ \_\_\_\_\_  
 @ \_\_\_\_\_  
 @ \_\_\_\_\_  
 @ \_\_\_\_\_  
 @ \_\_\_\_\_  
 @ \_\_\_\_\_  
 @ \_\_\_\_\_  
 HANDLING @ \_\_\_\_\_  
 MILEAGE \_\_\_\_\_  
 TOTAL \_\_\_\_\_


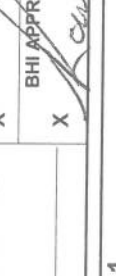
SERVICE  
 DEPTH OF JOB \_\_\_\_\_  
 PUMP TRUCK CHARGE \_\_\_\_\_  
 EXTRA FOOTAGE @ \_\_\_\_\_  
 MILEAGE 26 @ \_\_\_\_\_  
 MANIFOLD @ \_\_\_\_\_  
 @ \_\_\_\_\_  
 @ \_\_\_\_\_  
 TOTAL \_\_\_\_\_

PLUG & FLOAT EQUIPMENT  
 @ \_\_\_\_\_  
 @ \_\_\_\_\_  
 @ \_\_\_\_\_  
 @ \_\_\_\_\_  
 @ \_\_\_\_\_  
 TOTAL \_\_\_\_\_

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



FIELD RECEIPT NO. 10011128437

<b>CUSTOMER</b> BLACK TEA OIL LLC		<b>CREDIT APPROVAL NO.</b>		<b>PURCHASE ORDER NO.</b>		<b>CUSTOMER NUMBER</b> 0040140007 - 0040140007		<b>INVOICE NUMBER</b>	
<b>MAIL INVOICE TO</b> STREET OR BOX NUMBER 1014 EAST 29TH		<b>CITY</b> HAYS		<b>STATE</b> Kansas		<b>ZIP CODE</b> 67601			
<b>DATE WORK COMPLETED</b> MO. 12 DAY 26 YEAR 2014	<b>BHI REPRESENTATIVE</b> Joshua M Apel	<b>WELL API NO.</b> 15109213810000		<b>WELL TYPE :</b> New Well					
<b>DISTRICT</b> PP, PERRYTON		<b>JOB DEPTH(ft)</b> 4,115		<b>WELL CLASS :</b> Gas					
<b>WELL NAME AND NUMBER</b> MCGUIRE C #1		<b>TD WELL DEPTH(ft)</b> 4,115		<b>GAS USED ON JOB :</b> No Gas					
<b>WELL LOCATION :</b>	<b>COUNTY/PARISH</b> Logan	<b>STATE</b> Kansas		<b>JOB TYPE CODE :</b> Long String					
<b>PRODUCT CODE</b>	<b>DESCRIPTION</b>	<b>UNIT OF MEASURE</b>	<b>QUANTITY</b>	<b>LIST PRICE UNIT</b>	<b>GROSS AMOUNT</b>	<b>% DISC.</b>	<b>NET AMOUNT</b>		
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		
499634	Kol-Seal, 50 lb bag	lbs	880	1.250	1,100.00	45%	605.00		
499680	Static Free	lbs	2	40.700	81.40	45%	44.77		
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				10,393.74	45.00%	5,716.57		
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		
<b>ARRIVE LOCATION :</b> MO. 12 DAY 26 YEAR 2014 TIME 17:41		<b>SERVICE RECEIPT: I CERTIFY THAT THE MATERIALS AND SERVICES LISTED WERE RECEIVED AND ALL SERVICES PERFORMED IN A WORKMANLIKE MANNER.</b>							
<b>CUSTOMER REP.</b> Gerald		<b>CUSTOMER AUTHORIZED AGENT</b> X 							
<b>SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS</b>		<b>BHI APPROVED</b> X 							



FIELD RECEIPT NO. 10011128437

CUSTOMER BLACK TEA OIL LLC		CREDIT APPROVAL NO.		PURCHASE ORDER NO.		CUSTOMER NUMBER 0040140007 - 0040140007		INVOICE NUMBER	
MAIL STREET OR BOX NUMBER 1014 EAST 29TH		CITY HAYS		STATE Kansas		ZIP CODE 67601			
DATE WORK COMPLETED	MO. 12	DAY 26	YEAR 2014	WELL API NO: 15109213810000	WELL TYPE: New Well				
DISTRICT PP, PERRYTON				JOB DEPTH(ft) 4,115	WELL CLASS: Gas				
WELL NAME AND NUMBER MCGUIRE C #1				TD WELL DEPTH(ft) 4,115	GAS USED ON JOB: No Gas				
WELL LOCATION :		LEGAL DESCRIPTION 25-14S-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	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	400	6.700	2,680.00	45%	1,474.00
J553	Circulating Equipment			job	1	2,380.000	2,380.00	45%	1,309.00
SUB-TOTAL FOR Equipment							19,631.50	44.03%	10,987.00
J401	Bulk Delivery, Dry Products			ton-mi	1462	3.940	5,760.28	45%	3,168.15
SUB-TOTAL FOR Freight/Delivery Charges							5,760.28	45.00%	3,168.15
FIELD ESTIMATE							36,927.47	44.23%	20,594.29
ARRIVE LOCATION :				MO.	DAY	YEAR	TIME		
CUSTOMER REP.				12	26	2014	17:41		
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS				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.					
Gerald				CUSTOMER AUTHORIZED AGENT					
				BHI APPROVED					
				<i>Kandy D...</i>					



FIELD RECEIPT NO. 10011128437

CUSTOMER BLACK TEA OIL LLC		CREDIT APPROVAL NO.		PURCHASE ORDER NO.		CUSTOMER NUMBER 00-40140007 - 00-40140007		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. DAY YEAR	WELL API NO: 15109213810000		WELL TYPE: New Well					
DISTRICT PP, PERRYTON		JOB DEPTH (ft) 4,115		WELL CLASS: Gas					
WELL NAME AND NUMBER MCGUIRE C #1		TD WELL DEPTH (ft) 4,115		GAS USED ON JOB: No Gas					
WELL LOCATION: LEGAL DESCRIPTION 25-14S-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		
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100275	Sodium Metasilicate	lbs	97				218.74		
100295	Cello Flake	lbs	5455				151.47		
100404	Sodium Chloride	lbs	332				94.95		
488019	FP-6L	gals	12				57.34		
488073	FL-62	lbs	97				1,149.69		
499634	Kol-Seal, 50 lb bag	lbs	880				605.00		
499680	Static Free	lbs	1				89.54		
499702	ClayCare, Clay Treat-2C, 260 gl tote	gals	5				404.25		
86710-1	5-1/2" Top Cem Plug, Nitrile cvr, Phen	ea	10				84.70		
L425411-00	Lafarge Red Rock Poz	sack	110				992.20		
SUB-TOTAL FOR Product Material								6,935.58	
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. 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.						
12 26 2014	17:41								
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS		CUSTOMER AUTHORIZED AGENT		CUSTOMER AUTHORIZED AGENT		CUSTOMER AUTHORIZED AGENT		BHI APPROVED	



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WELL NAME AND NUMBER MCGUIRE C #1		TD WELL DEPTH (ft)		4,115		GAS USED ON JOB : No Gas			
WELL LOCATION :		LEGAL DESCRIPTION 25-14S-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				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 Freight/Delivery Charges							3,170.32	
	SUB-TOTAL FOR Equipment							12,461.00	
	FIELD ESTIMATE							23,289.47	
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.					
	12 26	2014	17:41						
CUSTOMER REP.				CUSTOMER AUTHORIZED AGENT					
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS				CUSTOMER AUTHORIZED AGENT					
				BHI APPROVED <i>[Signature]</i>					
				X CUSTOMER AUTHORIZED AGENT					

Operator Name: BLACK TEA OIL LLC  
 Well Name: MCGUIRE C #1  
 Job Description: 5-1/2" x 7-7/8 OH - 4600' MD  
 Date: December 24, 2014

Job ID: 10011128437 Estimate No: 10011127891



**JOB SUMMARY/SERVICE ORDER**

Estimated Price	
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
	Pump Via
771 gals	Total Mix Water
	Scavenger Slurry
	Scavenger
	Density
	Yield
	Cement Slurry
	Arkoma Lite w/ Adds
	Density
	Yield
	Displacement
	Displacement Fluid
	Density
	Cement Slurry
	Fill in for Rat hole
	Density
	Yield
	109 bbis
	Density
	9.0 ppq
	Cement Slurry
	41 bbis
	Density
	14.3 ppq
	Yield
	1.36 cf/sack
	Displacement
	6 bbis
	Density
	16.4 ppq
	Yield
	1.06 cf/sack
\$25,574.70	Estimated Price

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: