



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 DistributionALT ☐ 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 (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
<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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or ENHR.	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
-----------------------------------	-----------	---------	-------------	---------------	---------

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	Pahls B 1
Doc ID	1248947

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	265	common	200	
Production	8.625	5.5	15.5	4501	common	200	

Black Tea Oil

Pahls B1

RTD @ 4530

LTD Cased Hole @ 4501

Port Collar @ 2267 460 sks

5 ½ set @ 4528 200 sks

8 5/8 set @ 265 200 sks

Perfs

Morrow	4370-76	1500 gal 15% INS
Johnson	4322-28	1500 gal 15% INS
Pawnee	4190-4200	1000 gal 15% INS
Marmaton	4114-30	2000 gal 15% INS

Summary of Changes

Lease Name and Number: Pahls B 1

API/Permit #: 15-109-21331-00-00

Doc ID: 1248947

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	250	265
Approved Date	10/23/2014	04/27/2015
CasingNumbSacksUsedPDF_1	180	200
CasingNumbSacksUsedPDF_2	230	200
CasingSettingDepthPDF_1	250	265
CasingSettingDepthPDF_2	4500	4501
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement Circulated From		2267
If Alternate II Completion - Sacks of Cement	450	460

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Method Of Completion - Commingled	No	Yes
Multiple Stage Cementing Collar Depth	2100	2267
Perf_Record_1		see attached report
Plug Back Total Depth	4500	4501
Producing Formation	Kansas City/Johnson	Morrow, Johnson, Pawnee, Marmaton
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1229057	../../../../kcc/detail/operatorEditDetail.cfm?docID=1248947
TopsDatum1	-1307	-1521
TopsDatum2		-1473
TopsDatum3		-1341
TopsDatum4		-1265
TopsDepth1	4147	4370
TopsDepth2		4322
TopsDepth3		4190

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsDepth4		4114
TopsName1	Kansas City	Morrow
TopsName2		Johnson
TopsName3		Pawnee
TopsName4		Marmaton
Total Depth	4500	4530

Summary of Attachments

Lease Name and Number: Pahls B 1

API: 15-109-21331-00-00

Doc ID: 1248947

Correction Number: 1

Attachment Name

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1229057

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: _____

Form	ACO1 - Well Completion
Operator	Black Tea Oil, LLC
Well Name	Pahls B 1
Doc ID	1229057

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	

ALLIED OIL & GAS SERVICES, LLC 064133

Federal Tax I.D. # 20-3651475

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

SERVICE POINT: Oakley KS

DATE <u>8-20-14</u>	SEC <u>28</u>	TWP. <u>13</u>	RANGE <u>34</u>	CALLED OUT	ON LOCATION <u>12:30</u>	JOB START <u>1:00 a.m.</u>	JOB FINISH <u>1:30 a.m.</u>
LEASE <u>Pahis</u>	WELL # <u>1</u>	LOCATION <u>Monument S to Plains,</u>			COUNTY <u>Logan</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>		<u>4 W to 370, 25 (through gate)</u>					

CONTRACTOR Landmark Co

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 26.5

CASING SIZE 8 5/8 DEPTH 267.53

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15'

PERFS.

DISPLACEMENT 16 bbl

OWNER Same

CEMENT

AMOUNT ORDERED 190 sks Cem 3% CC

2% gel

COMMON	<u>190 sks @ 17.96</u>	<u>3401.00</u>
POZMIX	@	
GEL	<u>357 # @ .50</u>	<u>178.50</u>
CHLORIDE	<u>536 # @ 1.10</u>	<u>589.60</u>
ASC	@	

<u>Manifold Total</u>	@	<u>4,169.10</u>
<u>(605.36/158)</u>	@	
	@	
	@	
	@	
	@	
	@	
HANDLING <u>205.4545</u>	@ <u>2.48</u>	<u>509.52</u>
MILEAGE <u>9.38 hrs @ 25 mi x 27.5</u>		<u>644.88</u>

TOTAL

EQUIPMENT

PUMP TRUCK CEMENTER Paul Beaver

422 HELPER Perry Heinrich

BULK TRUCK

890/310 DRIVER Joan T TWS

BULK TRUCK

DRIVER

REMARKS:

mix 190 sks

Displace w/ water

cement did circulate

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE	<u>1512.25</u>	
EXTRA FOOTAGE	@	
MILEAGE <u>MI HV 25</u>	@ <u>7.70</u>	<u>192.50</u>
MANIFOLD <u>Head</u>	@	<u>275.00</u>
<u>MI LV 25</u>	@ <u>4.40</u>	<u>110.00</u>

TOTAL

CHARGE TO: Black Tea

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	

TOTAL

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.

PRINTED NAME

SIGNATURE John M. TWS

SALES TAX (If Any)

TOTAL CHARGES 7,413.25

DISCOUNT 4,111.98 (15%) IF PAID IN 30 DAYS

6,301.26 Net.



CHARGE TO:
ADDRESS
CITY, STATE, ZIP CODE

BLACK TEA OIL

TICKET 26693

WELL/PROJECT NO.
B-1

SERVICE LOCATION
1. NESS CAY, KS

TICKET TYPE
SALES

CONTRACTOR
LANDMARK DRUG

LEASE

PAHLS

COUNTY/PARISH
LOGAN

STATE
KS

CITY

DATE
8-28-14

OWNER
SAME

PAGE 1 OF 2

2. ORDER NO.

DELIVERED TO
LOCATION

WELL LOCATION
E/RUSSELL SPRINGS, KS

3. WELL TYPE
OIL

WELL CATEGORY
DEVELOPMENT

JOB PURPOSE
5 1/2" LONGSTRING

WELL PERMIT NO.

INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.		U/M		QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF										
575		1			MILEAGE # 114				110 MC				6.00	660.00
578		1			PUMP CHARGE				1300	4528 FT			1500.00	1500.00
221		1			WATER KIL				2 GAL				25.00	50.00
281		1			MUDFLUSH				500 GAL				1.25	625.00
402		1			CENTRALIZERS				10 EA	5 1/2"			70.00	700.00
403		1			CEMENT BASKETS				3 EA				300.00	900.00
404		1			PORT COLLAR				1 EA	2260 FT			2900.00	2900.00
406		1			LATCH DOWN PLUG + Baffle				1 EA				275.00	275.00
407		1			INSERT FLOOR SHOE w/ AUTO FALL				1 EA				375.00	375.00
419		1			ROTATING HEAD RENTAL				1300				200.00	200.00
195		1			HIGH CONNECTION FEE - 10' OR HIGHER				3 FT				250.00	750.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED
8-28-14
TIME SIGNED
1700
P.M.

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL #	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					8185.00
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					6756.60
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					14,941.60
ARE YOU SATISFIED WITH OUR SERVICE?					841.12
				TOTAL	15,782.72

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

APPROVAL

WAYNE WILSON

SWIFT OPERATOR

Thank You!

TICKET CONTINUATION

PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET No. 26693

[illegible]

TICKET NO. 26693

DESCRIPTION OF OPERATION AND MATERIALS

On Location

START 5 1/2" CASING IN WELL

TD-4530

70-4528

1.13.54

A horizontal number line with arrows at both ends. There are five major tick marks along the line, but they are not labeled with numbers.

10A # 55

ROTATE

7

Pump 500 GPM MUDRUSH

7

Pump 20885 KCL-FUSH

7

PAGE RH (30 SKS)

7

Max Cement - 200 SKS EA-2 @ 15.5 PPG

WASH OUT PUMP - LINES

RELEASE LATER DAY PUG

Display Plug

10

Page Down - Pst Up (arrow in Aug)

OK

RELEASED - HED

Wash Truck

Job Complete

THANK YOU

Ways Flint, Iron



TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

Black Tea Oil, LLC.

28-13s-34w Logan co.

1011 Centennial Blvd. STE B
Hays, KS 67601

Pahls B # 1

Job Ticket: 59597

DST#: 1

ATTN: Kevin Bailey

Test Start: 2014.08.24 @ 09:43:00

GENERAL INFORMATION:

Formation: **Lansing**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 12:07:15

Time Test Ended: 16:28:45

Test Type: Conventional Bottom Hole (Initial)

Tester: Samuel Esparza

Unit No: 72

Interval: 3755.00 ft (KB) To 3783.00 ft (KB) (TVD)

Reference Elevations: 2847.00 ft (KB)

Total Depth: 3783.00 ft (KB) (TVD)

2838.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 9.00 ft

Serial #: 8845 Outside

Press @ Run Depth: 101.76 psig @ 3756.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.08.24

End Date:

2014.08.24

Last Calib.: 2014.08.24

Start Time: 09:43:05

End Time:

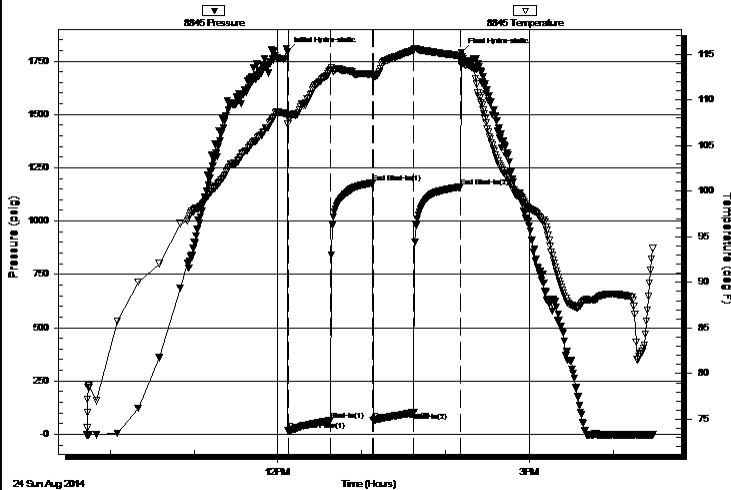
16:28:44

Time On Btm: 2014.08.24 @ 12:07:00

Time Off Btm: 2014.08.24 @ 14:11:30

TEST COMMENT: IF: 6 1/4" Blow .
IS: No Return.
FF: 6 3/4" Blow .
FS: No Return.

Pressure vs. Time



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1792.75	108.29	Initial Hydro-static
1	16.79	107.40	Open To Flow (1)
31	65.06	113.25	Shut-In(1)
61	1177.93	112.81	End Shut-In(1)
62	66.29	112.47	Open To Flow (2)
91	101.76	115.45	Shut-In(2)
124	1159.13	114.78	End Shut-In(2)
125	1788.98	113.96	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
195.00	MW 20m 80w	2.23

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
--	----------------	-----------------	------------------



TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

Black Tea Oil, LLC.

28-13s-34w Logan co.

1011 Centennial Blvd. STE B
Hays, KS 67601

Pahls B # 1

Job Ticket: 59597

DST#: 1

ATTN: Kevin Bailey

Test Start: 2014.08.24 @ 09:43:00

GENERAL INFORMATION:

Formation: **Lansing**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 12:07:15

Time Test Ended: 16:28:45

Test Type: Conventional Bottom Hole (Initial)

Tester: Samuel Esparza

Unit No: 72

Interval: 3755.00 ft (KB) To 3783.00 ft (KB) (TVD)

Total Depth: 3783.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Good

Reference Elevations: 2847.00 ft (KB)

2838.00 ft (CF)

KB to GR/CF: 9.00 ft

Serial #: 6772 Outside

Press @ Run Depth: psig @ 3756.00 ft (KB)

Start Date: 2014.08.24

End Date:

2014.08.24

Start Time: 09:43:05

End Time:

16:28:59

Capacity: 8000.00 psig

Last Calib.:

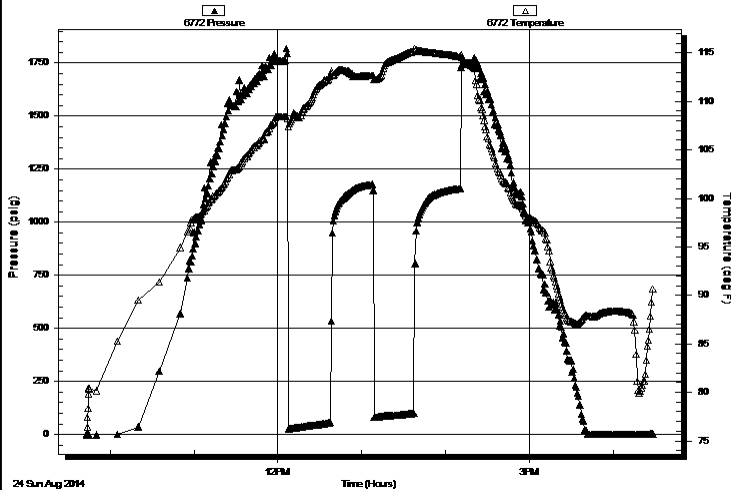
2014.08.24

Time On Btm:

Time Off Btm:

TEST COMMENT: IF: 6 1/4" Blow .
IS: No Return.
FF: 6 3/4" Blow .
FS: No Return.

Pressure vs. Time



PRESSURE SUMMARY

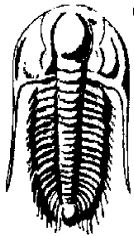
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
-------------	-----------------	--------------	------------

Recovery

Length (ft)	Description	Volume (bbl)
195.00	MW 20m 80w	2.23

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
--	----------------	-----------------	------------------



TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

FLUID SUMMARY

Black Tea Oil, LLC.

28-13s-34w Logan co.

1011 Centennial Blvd. STE B
Hays, KS 67601

Pahls B # 1

Job Ticket: 59597

DST#: 1

ATTN: Kevin Bailey

Test Start: 2014.08.24 @ 09:43:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

26000 ppm

Viscosity: 47.00 sec/qt

Cushion Volume:

bbl

Water Loss: 7.99 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 5000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
195.00	MW 20m 80w	2.225

Total Length: 195.00 ft Total Volume: 2.225 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

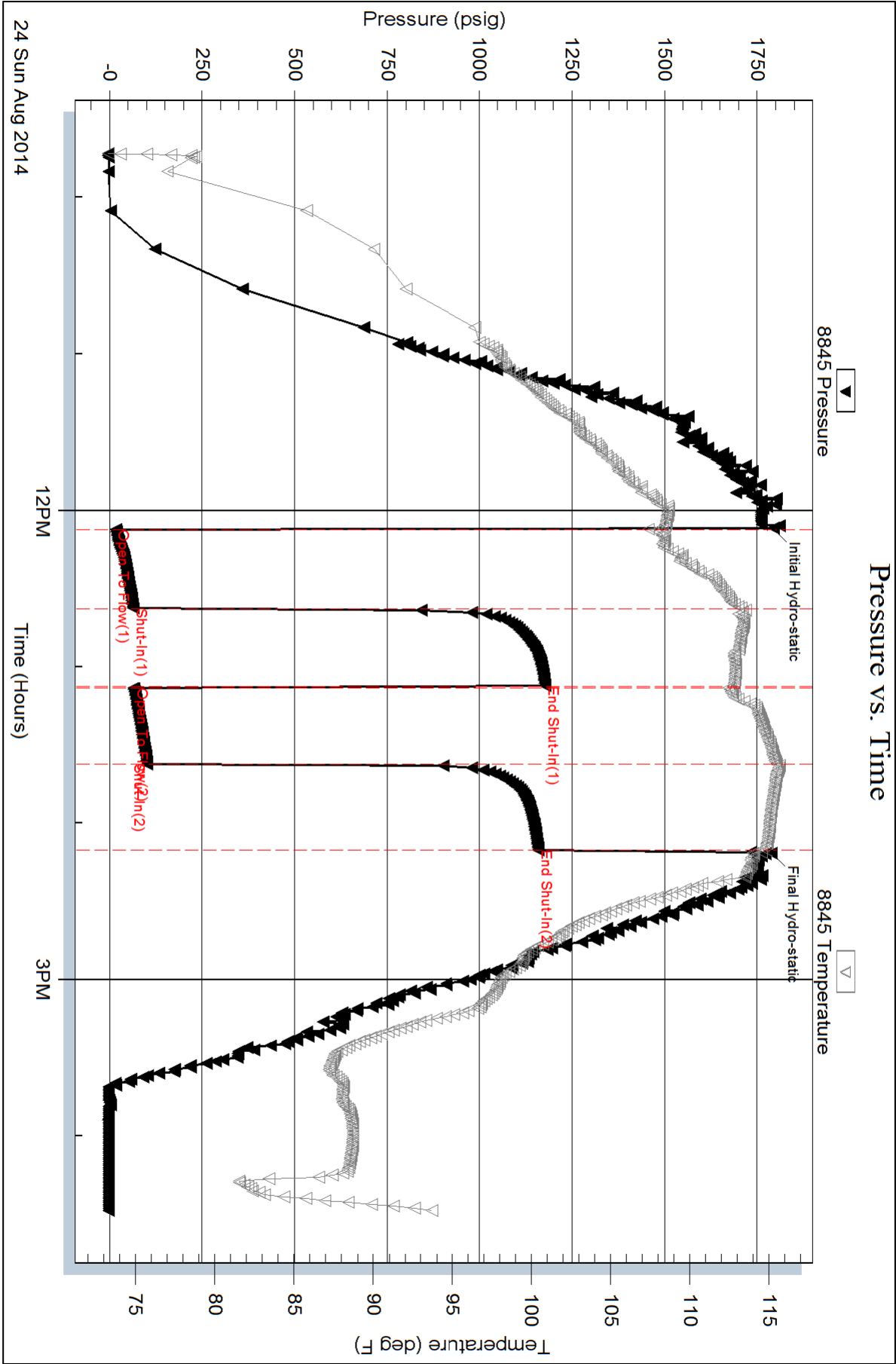
Recovery Comments: Water Salinity: .176 @ 96 degrees= 26,000 ppm

Serial #: 8845

Outside Black Tea Oil, LLC.

Pahls B# 1

DST Test Number: 1

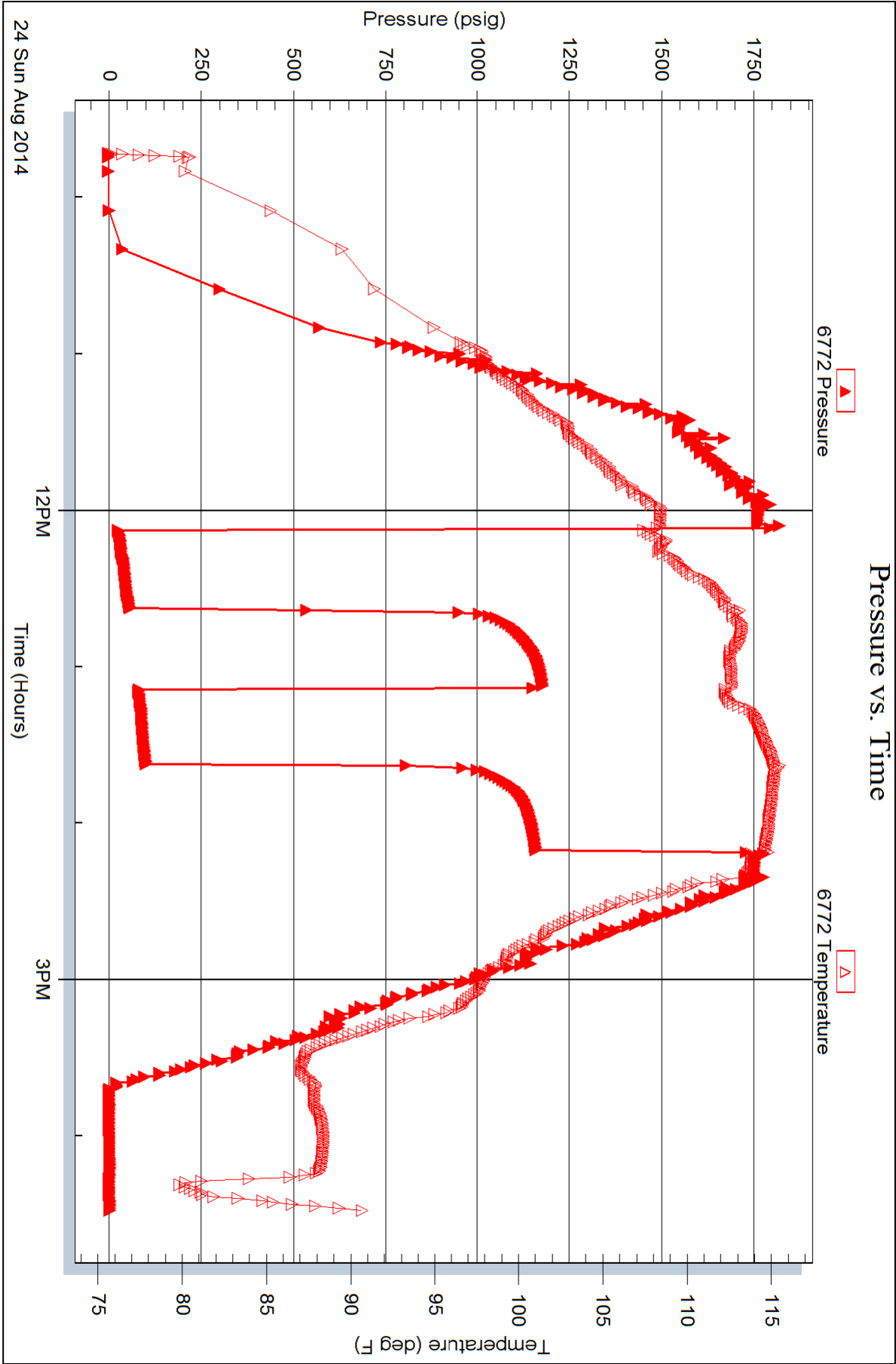


Serial #: 6772

Outside Black Tea Oil, LLC.

Pahls B # 1

DST Test Number: 1





TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

Black Tea Oil, LLC.

28-13s-34w Logan co.

1011 Centennial Blvd. STE B
Hays, KS 67601

Pahls B # 1

Job Ticket: 59598

DST#: 2

ATTN: Kevin Bailey

Test Start: 2014.08.25 @ 07:06:00

GENERAL INFORMATION:

Formation: **Kansas City**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 09:10:15

Time Test Ended: 13:26:15

Test Type: Conventional Bottom Hole (Reset)

Tester: Samuel Esparza

Unit No: 72

Interval: 3924.00 ft (KB) To 3961.00 ft (KB) (TVD)

Total Depth: 3961.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Good

Reference Elevations: 2847.00 ft (KB)

2838.00 ft (CF)

KB to GR/CF: 9.00 ft

Serial #: 8845 Outside

Press@RunDepth: 390.71 psig @ 3925.00 ft (KB)

Start Date: 2014.08.25

End Date:

2014.08.25

Start Time: 07:06:05

End Time:

13:26:14

Capacity: 8000.00 psig

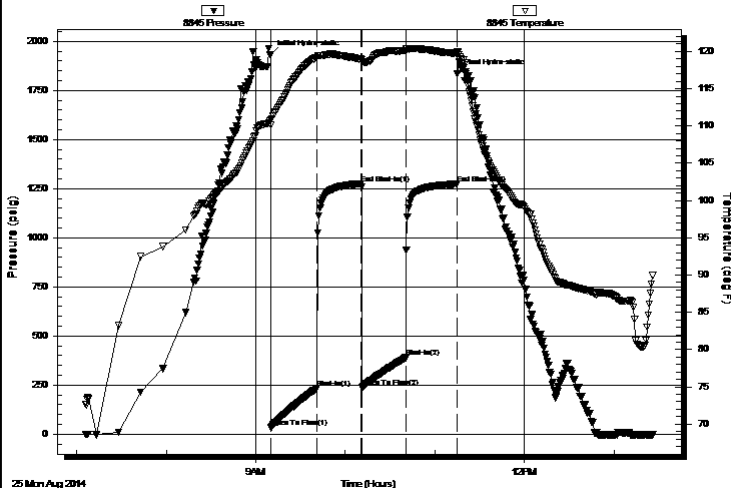
Last Calib.: 2014.08.25

Time On Btm: 2014.08.25 @ 09:10:00

Time Off Btm: 2014.08.25 @ 11:15:15

TEST COMMENT: IF: BOB @ 7 min.
IS: No Return.
FF: BOB @ 8 min.
FS: No Return.

Pressure vs. Time



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1934.00	110.79	Initial Hydro-static
1	34.23	110.09	Open To Flow (1)
31	232.69	119.17	Shut-In(1)
61	1276.11	118.95	End Shut-In(1)
62	239.66	118.59	Open To Flow (2)
91	390.71	120.11	Shut-In(2)
125	1274.34	119.70	End Shut-In(2)
126	1837.06	119.99	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
565.00	MW 10m 90w	7.42
380.00	OMCW 5o 30m 65w	5.33
1.00	Clean Oil 100o	0.01

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
--	----------------	-----------------	------------------

* Recovery from multiple tests



TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

FLUID SUMMARY

Black Tea Oil, LLC.

28-13s-34w Logan co.

1011 Centennial Blvd. STE B
Hays, KS 67601

Pahls B # 1

Job Ticket: 59598

DST#: 2

ATTN: Kevin Bailey

Test Start: 2014.08.25 @ 07:06:00

Mud and Cushion Information

Mud Type: Gel Chem

Mud Weight: 9.00 lb/gal

Viscosity: 47.00 sec/qt

Water Loss: 7.98 in³

Resistivity: 0.00 ohm.m

Salinity: 5000.00 ppm

Filter Cake: 1.00 inches

Cushion Type:

Cushion Length:

Cushion Volume:

Gas Cushion Type:

Gas Cushion Pressure:

ft

bbl

psig

Oil API:

Water Salinity: 40000 ppm

deg API

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
565.00	MW 10m 90w	7.415
380.00	OMCW 5o 30m 65w	5.330
1.00	Clean Oil 100o	0.014

Total Length: 946.00 ft Total Volume: 12.759 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: Water Salinity: .143 @ 85 degrees= 40,000

