



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
--	---

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: <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

<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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---



Black Tea Oil

Krebs B1

Port Collar- 2090 325 sks

Perfs

Morrow 4248-62 500 gal 15% INS

Johnson 4220-27, 4204-08, 1500 gal 15% INS

Cherokee 4180-83, 4169-72

Ft Scott 4124-30 500 gal 15% INS

Marmaton 4040-50,4016-24,3894-96 1500 gal 15% INS

## Summary of Changes

Lease Name and Number: Krebs B 1

API/Permit #: 15-109-21209-00-00

Doc ID: 1249311

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	250	266
Approved Date	02/07/2014	04/27/2015
CasingPurposeOfString PDF_1	SURFACE	Surface
CasingPurposeOfString PDF_2	PRODUCTION	Production
CasingSettingDepthPDF F_1	250	266
CasingSettingDepthPDF F_2	4385	4379
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement Circulated From		2090
If Alternate II Completion - Cement Circulated To		0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
If Alternate II Completion - Sacks of Cement		325
Kelly Bushing Elevation	2656	2659
LocationInfoLink	<a href="https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=28&amp;t">https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=28&amp;t</a>	<a href="https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=28&amp;t">https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=28&amp;t</a>
Method Of Completion - Commingled	No	Yes
Multiple Stage Cementing Collar Depth	250	2090
Perf_Record_1		see attached report
Plug Back Total Depth		4379
Producing Formation	KANSAS CITY /JOHNSON	See attached report
Save Link	<a href="https://solar.kgs.ku.edu/kcc/detail/operatorEditDetail.cfm?docID=1187724">../kcc/detail/operatorEditDetail.cfm?docID=1187724</a>	<a href="https://kolar.kgs.ku.edu/kcc/detail/operatorEditDetail.cfm?docID=1249311">../kcc/detail/operatorEditDetail.cfm?docID=1249311</a>
TopsDatum1	-1295	-1589
TopsDatum2		-1545
TopsDatum3		-1510
TopsDatum4		-1465

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsDatum5		-1235
TopsDepth1	3951	4248
TopsDepth2		4204
TopsDepth3		4169
TopsDepth4		4124
TopsDepth5		3894
TopsName1	KANSAS CITY	Morrow
TopsName2		Johnson
TopsName3		Cherokee
TopsName4		Ft Scott
TopsName5		Marmaton
Total Depth	4385	4405

## Summary of Attachments

Lease Name and Number: Krebs B 1

API: 15-109-21209-00-00

Doc ID: 1249311

Correction Number: 1

Attachment Name





Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1187724  
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
--	---

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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
---	--	------------------------------------

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:	
----------------	-------	---------	------------	--





# ALLIED OIL & GAS SERVICES, LLC 061360

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Oakley, KS

DATE <u>10-24-13</u>	SEC. <u>28</u>	TWP. <u>14</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION <u>11:30</u>	JOB START	JOB FINISH
LEASE <u>Krebs B</u>	WELL # <u>#1</u>	LOCATION <u>Oakley, 205 W 1st</u>			COUNTY <u>Logan</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)				JOB START <u>7:30 AM</u>		JOB FINISH <u>8:00 AM</u>	
						<u>10-25-13</u>	

CONTRACTOR <u>Landmark</u>	OWNER <u>Same</u>
TYPE OF JOB <u>Production</u>	
HOLE SIZE <u>7 7/8</u>	T.D. <u>4105</u>
CASING SIZE <u>5 1/2</u>	DEPTH <u>4137.9</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL <u>Part collar</u>	DEPTH <u>2078</u>
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>22'</u>
CEMENT LEFT IN CSG. <u>22'</u>	
PERFS.	
DISPLACEMENT <u>103 1/2</u>	

EQUIPMENT		
PUMP TRUCK # <u>372</u>	CEMENTER <u>Kelly</u>	HELPER <u>Wayne</u>
BULK TRUCK # <u>600</u>	DRIVER <u>Mike</u>	
BULK TRUCK #	DRIVER	
		COMMON @
		POZMIX @
		GEL @
		CHLORIDE @
		ASC <u>230 SKS</u> @ <u>20.00</u> <u>4600.00</u>
		<u>1150# Gilsonite</u> @ <u>.96</u> <u>1104.00</u>
		<u>Superflush 12bb1</u> @ <u>58.72</u> <u>7047.00</u>
		@
		<u>2-gal KCF</u> @ <u>31.40</u> <u>628.00</u>
		@
		@
		@
		HANDLING <u>277.05</u> @ <u>2.58</u> <u>687.08</u>
		MILEAGE <u>10.81</u> @ <u>20.00</u> <u>216.20</u>
		TOTAL <u>7866.93</u>

REMARKS:  
run shot equip, run pipe to bottom  
circulate for hr, mixed 305Ks RH  
200SKS Asc 1000 salt 5# gilsonite 20% gel  
down center, released plug & displaced  
with 1134bb1 water with a filter  
800 # plug landed @ 1500 ft released  
pressure float held  
Thank you Kelly & crew

SERVICE	
DEPTH OF JOB	<u>4137.9</u>
PUMP TRUCK CHARGE	<u>2765.15</u>
EXTRA FOOTAGE @	
MILEAGE <u>M:HV 2.5</u> @ <u>72.00</u>	<u>192.00</u>
MANIFOLD <u>Need</u> @	<u>275.00</u>
<u>M:HV 2.5</u> @ <u>44.00</u>	<u>110.00</u>
@	
TOTAL	<u>3343.25</u>

CHARGE TO: Black Teq

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

5 1/2 (W) PLUG & FLOAT EQUIPMENT	
AFU Float shoe @	<u>406.33</u>
2 catchment / w plug @	<u>324.99</u>
8-Turbolizer @ <u>93.00</u>	<u>748.80</u>
3-basket @ <u>394.39</u>	<u>1182.87</u>
1-particular @	<u>3042.00</u>
TOTAL	<u>5704.99</u>

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.

SALES TAX (if Any) 16,914.27

TOTAL CHARGES 16,914.27

DISCOUNT 3,382.85 IF PAID IN 30 DAYS

13,531.41 Net.

PRINTED NAME Gi. Achatz

SIGNATURE [Signature]