

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

Black Tea Oil

Krebs C1

LTD 4418

Port Collar 2268 450 sks

Perfs

Morrow 4348-62 3000 gal 15% INS

Johnson 4303-06,4284-90

Cherokee 4252-56

Treated Johnson and Cherokee with 5000 gal 15% INS

Summary of Changes

Lease Name and Number: Krebs C 1

API/Permit #: 15-109-21226-00-00

Doc ID: 1249322

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	03/28/2014	04/27/2015
CasingPurposeOfString PDF_1	SURFACE	Surface
CasingPurposeOfString PDF_2	PRODUCTION	Production
CasingSettingDepthPD F_1	250	266
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement Circulated From		2268
If Alternate II Completion - Cement Circulated To		0
If Alternate II Completion - Sacks of Cement		450
Method Of Completion - Commingled	No	Yes

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Multiple Stage Cementing Collar Depth	2100	2268
Perf_Record_1		see attached report
Producing Formation	KANSAS CITY / JOHNSON	See Attached report
Save Link	../../../../kcc/detail/operatorE ditDetail.cfm?docID=11 96504	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12 49322
TopsDatum1	-1307	-1630
TopsDatum2		-1566
TopsDatum3		-1534
TopsDepth1	4025	4348
TopsDepth2		4284
TopsDepth3		4252
TopsName1	KANSAS CITY	Morrow
TopsName2		Johnson
TopsName3		Cherokee

Summary of Attachments

Lease Name and Number: Krebs C 1

API: 15-109-21226-00-00

Doc ID: 1249322

Correction Number: 1

Attachment Name



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1196504
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
--	---

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
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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 062170

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Oakley KS
(12-13-113)

DATE <u>12-12-13</u>	SEC <u>20</u>	TWP. <u>14</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION <u>6:30 p.m.</u>	JOB START <u>12:10 a.m.</u>	JOB FINISH <u>1:00 a.m.</u>
LEASE <u>KrcbsC</u>	WELL # <u>1</u>	LOCATION <u>Oakley 22 S w + N into</u>			COUNTY <u>Logan</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR <u>Landmark #10</u>	OWNER <u>Same</u>
TYPE OF JOB <u>Production 5/2 (port collar)</u>	
HOLE SIZE <u>7 7/8</u>	T.D. <u>4540'</u>
CASING SIZE <u>5 1/2</u>	DEPTH <u>4506'</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL <u>Port collar</u>	DEPTH <u>2316'</u>
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>21.94'</u>
CEMENT LEFT IN CSG. <u>21.94'</u>	
PERFS.	
DISPLACEMENT <u>106.72</u>	

EQUIPMENT	
PUMP TRUCK # <u>431</u>	CEMENTER <u>Paul Bauer</u>
	HELPER <u>Tyler Flipse</u>
BULK TRUCK # <u>396</u>	DRIVER <u>Juan (LWS)</u>
BULK TRUCK #	DRIVER

COMMON	@		
POZMIX	@		
GEL	@	<u>4 sks</u>	<u>26.40</u> <u>105.60</u>
CHLORIDE	@		
ASC	@	<u>230 sks</u>	<u>20.90</u> <u>4807.00</u>
salt	@	<u>24 sks</u>	<u>26.35</u> <u>632.40</u>
gilsonite	@	<u>1150#</u>	<u>.98</u> <u>1127.00</u>
super flush (WFRIT) 200	@		<u>58.70</u> <u>704.90</u>
KCL	@	<u>2 gal</u>	<u>34.40</u> <u>68.80</u>
HANDLING	@	<u>294.3743</u>	<u>2.48</u> <u>729.99</u>
MILEAGE	@	<u>12.85 tons x 25 mi x 2.60</u>	<u>835.25</u>
			TOTAL <u>9010.44</u>

REMARKS:
Break circulation / Drop ball, ball # 400*
circulate 1 hr.
Mix 15 sks in P.H
Mix 10 sks in m.H
Mix 205 sks down casing, shutdown/wash up
release plug Displace w/ 20 bbl KCl water
and 86.4 bbl water plug old land @ 2000'
1st pressure 1100' Float did hold
Thank God Paul & Tyler

SERVICE	
DEPTH OF JOB	<u>4506'</u>
PUMP TRUCK CHARGE	<u>2765.75</u>
EXTRA FOOTAGE	@
MILEAGE MLHV	<u>75</u> @ <u>7.70</u> <u>192.50</u>
MANIFOLD	<u>Head</u> @
MLV	<u>25</u> @ <u>4.40</u> <u>110.00</u>
TOTAL <u>3343.25</u>	

CHARGE TO: Black Tea

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT	
<u>Weatherford 5 1/2</u>	
Port collar	@ <u>3042.00</u>
AFV Float shoe	@ <u>408.33</u>
Latchdown plug Assembly	@ <u>324.09</u>
Tubalizers	<u>8</u> @ <u>93.60</u> <u>748.80</u>
Baskets	<u>3</u> @ <u>394.29</u> <u>1182.87</u>
TOTAL <u>5706.09</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.

PRINTED NAME _____

SIGNATURE [Signature]

SALES TAX (If Any) _____

TOTAL CHARGES 18,059.78

DISCOUNT 2,470.73 IF PAID IN 30 DAYS

15,589.04 Net



DRILL STEM TEST REPORT

Prepared For: **Black Tea Oil**

1011 Centennial Blvd.Ste. B
Hays Kansas 67601

ATTN: Kevin Bailey

Krebs C

20-14s-32w-Logan

Start Date: 2013.12.08 @ 04:32:00

End Date: 2013.12.08 @ 11:00:00

Job Ticket #: 19154 DST #: 1

Superior Testers Enterprises LLC
PO Box 138 Great Bend KS 67530
1-800-792-6902

Printed: 2013.12.08 @ 21:13:38



DRILL STEM TEST REPORT

TOOL DIAGRAM

Black Tea Oil
 1011 Centennial Blvd.Ste. B
 Hays Kansas 67601
 ATTN: Kevin Bailey

20-14s-32w-Logan
Krebs C
 Job Ticket: 19154 **DST#: 1**
 Test Start: 2013.12.08 @ 04:32:00

Tool Information

Drill Pipe:	Length: 3658.00 ft	Diameter: 3.80 inches	Volume: 51.31 bbl	Tool Weight:	2000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer:	20000.00 lb
Drill Collar:	Length: 86.57 ft	Diameter: 2.25 inches	Volume: 0.43 bbl	Weight to Pull Loose:	42000.00 lb
			<u>Total Volume: 51.74 bbl</u>	Tool Chased	0.00 ft
Drill Pipe Above KB:	7.57 ft			String Weight: Initial	29000.00 lb
Depth to Top Packer:	3760.00 ft			Final	29000.00 lb
Depth to Bottom Packer:	ft				
Interval between Packers:	41.00 ft				
Tool Length:	64.00 ft				
Number of Packers:	2	Diameter: 6.75 inches			

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Shut-In Tool	5.00			3742.00	
Hydraulic Tool	5.00			3747.00	
Jars	6.00			3753.00	
Safety Joint	2.00			3755.00	
Packer	5.00			3760.00	23.00 Bottom Of Top Packer
Shell Packer	5.00			3765.00	
Anchor	31.00			3796.00	
Recorder	1.00	6806	Inside	3797.00	
Recorder	1.00	8524	Outside	3798.00	
Bull Plug	3.00			3801.00	41.00 Anchor Tool
Total Tool Length:	64.00				



DRILL STEM TEST REPORT

FLUID SUMMARY

Black Tea Oil
1011 Centennial Blvd.Ste. B
Hays Kansas 67601
ATTN: Kevin Bailey

20-14s-32w-Logan
Krebs C
Job Ticket: 19154 **DST#: 1**
Test Start: 2013.12.08 @ 04:32:00

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:	ppm
Viscosity: 46.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.80 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psia		
Salinity: 8000.00 ppm			
Filter Cake: 1.00 inches			

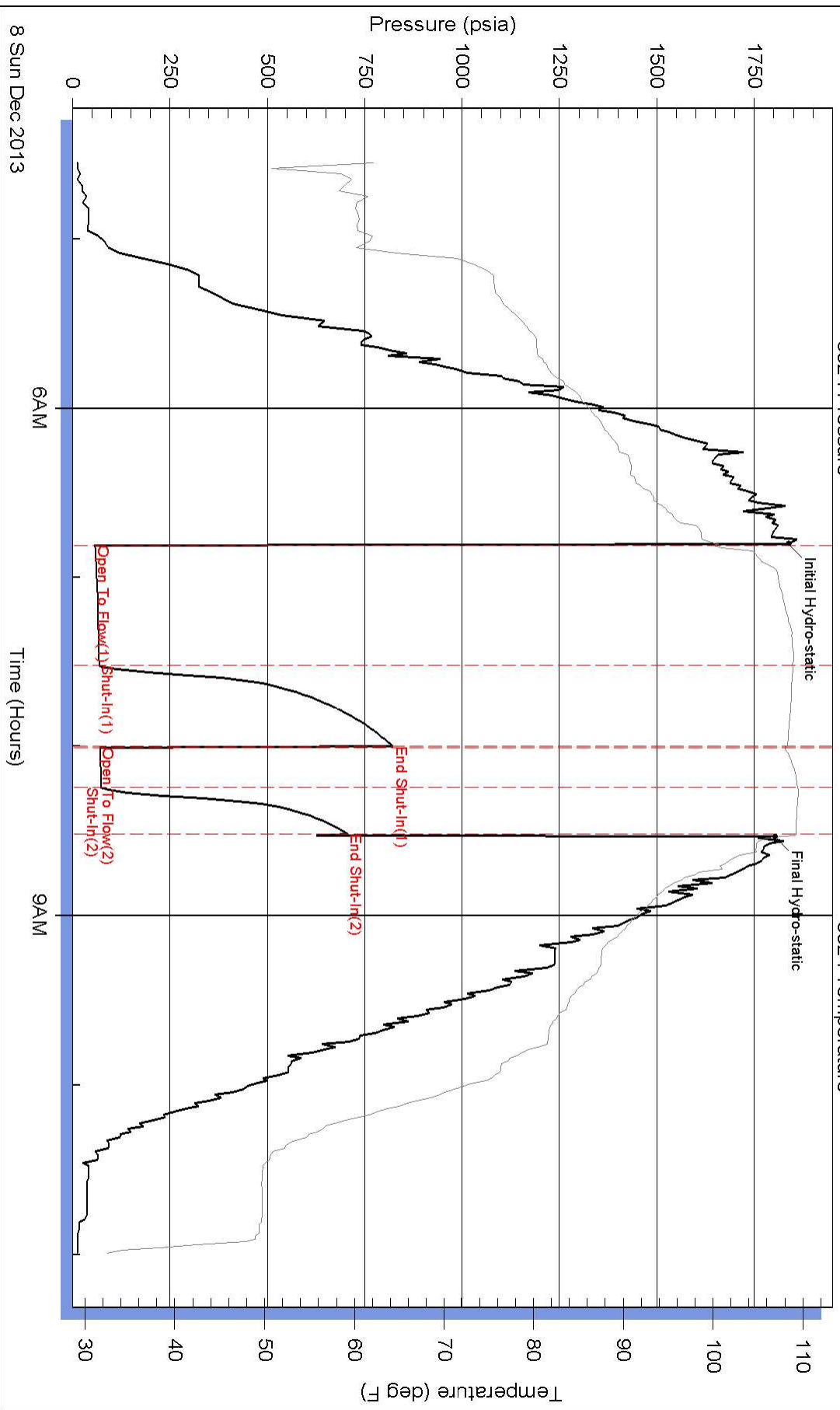
Recovery Information

Recovery Table

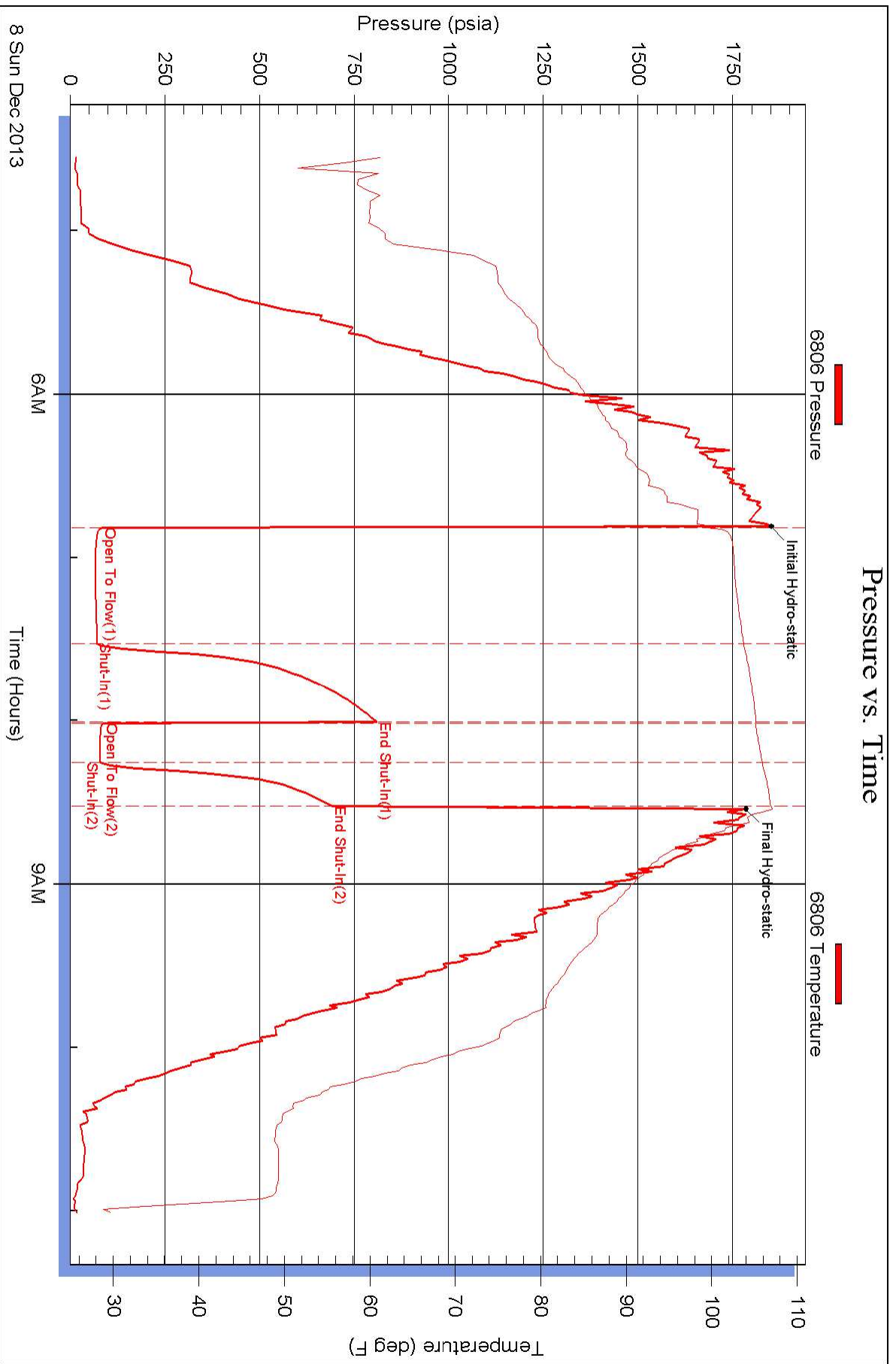
Length ft	Description	Volume bbl
64.00	Oil spotted mud Oil 1% Mud 99%	0.315

Total Length: 64.00 ft Total Volume: 0.315 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments:

Pressure vs. Time



Pressure vs. Time





DRILL STEM TEST REPORT

Prepared For: **Black Tea Oil**

1011 Centennial Blvd.Ste. B
Hays Kansas 67601

ATTN: Kevin Bailey

Krebs C

20-14s-32w-Logan

Start Date: 2013.12.09 @ 10:21:00

End Date: 2013.12.09 @ 18:14:00

Job Ticket #: 19155 DST #: 2

Superior Testers Enterprises LLC
PO Box 138 Great Bend KS 67530
1-800-792-6902

Printed: 2013.12.10 @ 04:43:13



DRILL STEM TEST REPORT

TOOL DIAGRAM

Black Tea Oil
 1011 Centennial Blvd.Ste. B
 Hays Kansas 67601
 ATTN: Kevin Bailey

20-14s-32w-Logan
Krebs C
 Job Ticket: 19155 **DST#: 2**
 Test Start: 2013.12.09 @ 10:21:00

Tool Information

Drill Pipe:	Length: 3939.00 ft	Diameter: 3.80 inches	Volume: 55.25 bbl	Tool Weight:	2000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer:	20000.00 lb
Drill Collar:	Length: 86.57 ft	Diameter: 2.25 inches	Volume: 0.43 bbl	Weight to Pull Loose:	38000.00 lb
			<u>Total Volume: 55.68 bbl</u>	Tool Chased	0.00 ft
Drill Pipe Above KB:	14.18 ft			String Weight: Initial	35000.00 lb
Depth to Top Packer:	4034.00 ft			Final	35000.00 lb
Depth to Bottom Packer:	4089.37 ft				
Interval between Packers:	55.37 ft				
Tool Length:	82.28 ft				
Number of Packers:	3	Diameter: 6.75 inches			

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
P.O. Sub	0.31			4011.70	
C.O. Sub	0.31			4012.01	
P.O. Sub	0.31			4012.32	
Recorder	1.80		Fluid	4014.12	
Conv. S.I. Tool	1.52			4015.64	
Sampler	1.10			4016.74	
HMV	2.10			4018.84	
Recorder	1.80		Inside	4020.64	
Telemetry Tool	7.01			4027.65	
Jars	2.05			4029.70	
Bypass Hanger	0.32			4030.02	
Safety Joint	0.78			4030.80	
Packer	1.78			4032.58	22.61 Bottom Of Top Packer
Packer	1.42			4034.00	
Stubb	0.36			4034.36	
Recorder Carrier	1.80			4036.16	
Recorder	0.00	6806	Outside	4036.16	
Recorder	0.00	8524	Outside	4036.16	
Perforations	52.00			4088.16	
Bypass Receiver	0.85			4089.01	
Blank Spacing	0.00			4089.01	
Stubb	0.36			4089.37	55.37 Tool Interval
Packer	1.42			4090.79	
Bypass Hanger	0.30			4091.09	
Recorder	1.80	6839	Below	4092.89	
Collar	0.00			4092.89	



DRILL STEM TEST REPORT

FLUID SUMMARY

Black Tea Oil
1011 Centennial Blvd.Ste. B
Hays Kansas 67601
ATTN: Kevin Bailey

20-14s-32w-Logan
Krebs C
Job Ticket: 19155 **DST#: 2**
Test Start: 2013.12.09 @ 10:21:00

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:	ppm
Viscosity: 50.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.00 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psia		
Salinity: 10000.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
70.00	Very lightly oil spotted mud.Mud 100%	0.344

Total Length: 70.00 ft Total Volume: 0.344 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments:

Pressure vs. Time

