



Confidentiality Requested:

Yes No

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 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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Black Tea Oil

Krebs N1

LTD 4360

Port Collar 2060 450 sks

Perfs

Morrow 4280-84 1000 gal 15% INS

Johnsons 4258-64, 4243-50, 4228-32, 4218-22 5000 gal 15% INS

Summary of Changes

Lease Name and Number: Krebs N 1

API/Permit #: 15-109-21231-00-00

Doc ID: 1249416

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	250	267
Approved Date	04/16/2014	04/27/2015
CasingNumbSacksUsedPDF_2	230	280
CasingPurposeOfStringPDF_1	SURFACE	Surface
CasingPurposeOfStringPDF_2	PRODUCTION	Production
CasingSettingDepthPDF_1	250	267
CasingSettingDepthPDF_2	4400	4361
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement Circulated From		2060

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
If Alternate II Completion - Cement Circulated To		0
If Alternate II Completion - Sacks of Cement		450
Method Of Completion - Commingled	No	Yes
Multiple Stage Cementing Collar Depth	2100	2060
Perf_Record_1		see attached report
Plug Back Total Depth		4361
Producing Formation	KANSAS CITY / JOHNSON	See attached report
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1199923	../../../../kcc/detail/operatorEditDetail.cfm?docID=1249416
TopsDatum1	-1307	-1627
TopsDatum2		-1565
TopsDepth1	3960	4280
TopsDepth2		4218
TopsName1	KANSAS CITY	Morrow

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsName2		Johnson
Total Depth	4500	4380

Summary of Attachments

Lease Name and Number: Krebs N 1

API: 15-109-21231-00-00

Doc ID: 1249416

Correction Number: 1

Attachment Name



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1199923
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							
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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DRILL STEM TEST REPORT

Prepared For: **Black Tea Oil**

1011 Centennial Blvd Ste B Hays KS 67601

ATTN: Chris Lieker

Krebs N #1

27-14-32 Logan

Start Date: 2013.12.30 @ 01:25:00

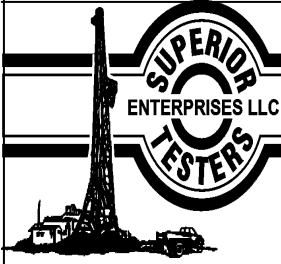
End Date: 2013.12.30 @ 10:10:30

Job Ticket #: 17038 DST #: 1

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

Printed: 2013.12.30 @ 14:37:03

Black Tea Oil
27-14-32 Logan
Krebs N #1
DST # 1
2013.12.30



DRILL STEM TEST REPORT

TOOL DIAGRAM

Black Tea Oil
 1011 Centennial Blvd Ste B Hays KS 67601
 ATTN: Chris Lieker

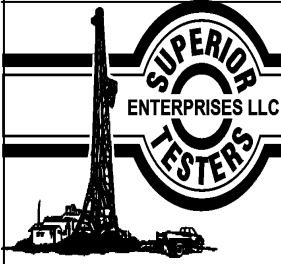
27-14-32 Logan
Krebs N #1
 Job Ticket: 17038 **DST#: 1**
 Test Start: 2013.12.30 @ 01:25:00

Tool Information

Drill Pipe:	Length: 3922.00 ft	Diameter: 3.80 inches	Volume: 55.02 bbl	Tool Weight: 1000.00 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: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight to Pull Loose: 80000.00 lb
			<u>Total Volume: 55.02 bbl</u>	Tool Chased 2.00 ft
Drill Pipe Above KB:	20.00 ft			String Weight: Initial 53000.00 lb
Depth to Top Packer:	3930.00 ft			Final 53000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	20.00 ft			
Tool Length:	48.00 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			3907.00	
Hydraulic Tool	5.00			3912.00	
Jars	6.00			3918.00	
Safety Joint	2.00			3920.00	
Packer	5.00			3925.00	28.00 Bottom Of Top Packer
Packer	5.00			3930.00	
Anchor	15.00			3945.00	
Recorder	1.00		Inside	3946.00	
Recorder	1.00		Outside	3947.00	
Bullnose	3.00			3950.00	20.00 Bottom Packers & Anchor
Total Tool Length:	48.00				



DRILL STEM TEST REPORT

FLUID SUMMARY

Black Tea Oil
 1011 Centennial Blvd Ste B Hays KS 67601
 ATTN: Chris Lieker

27-14-32 Logan
Krebs N #1
 Job Ticket: 17038 **DST#: 1**
 Test Start: 2013.12.30 @ 01:25:00

Mud and Cushion Information

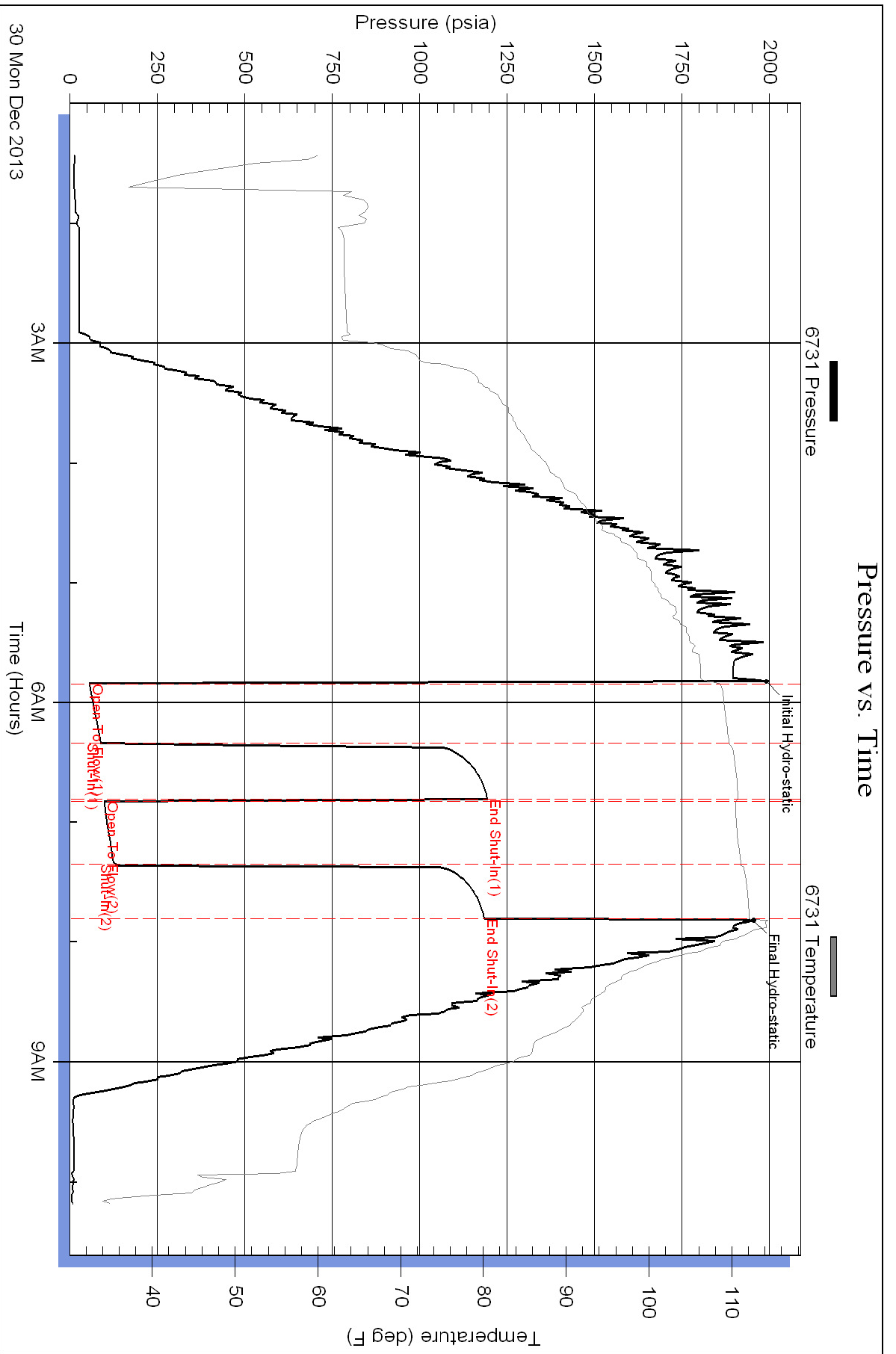
Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 46.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.80 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psia		
Salinity: 5000.00 ppm			
Filter Cake: 1.00 inches			

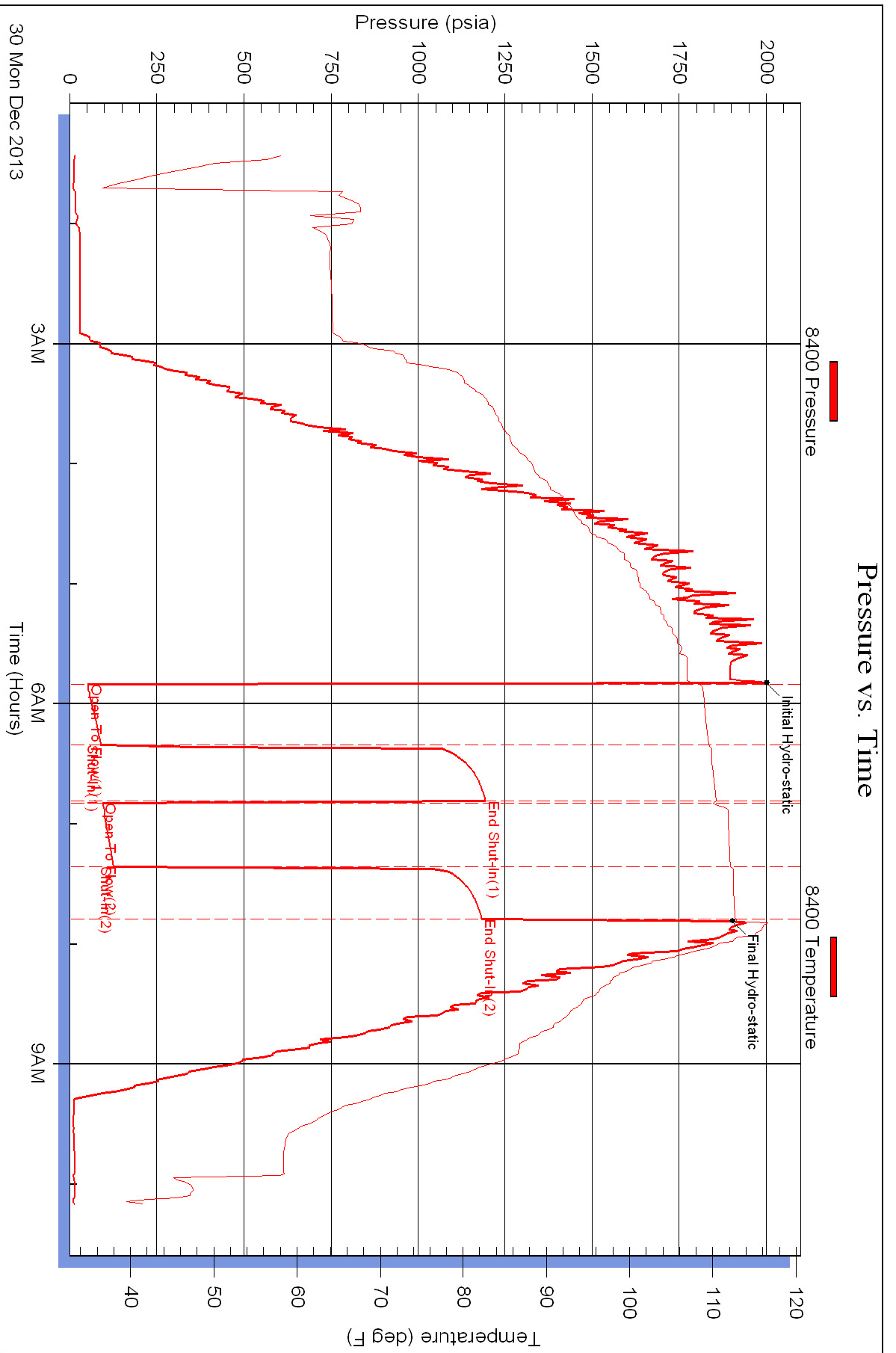
Recovery Information

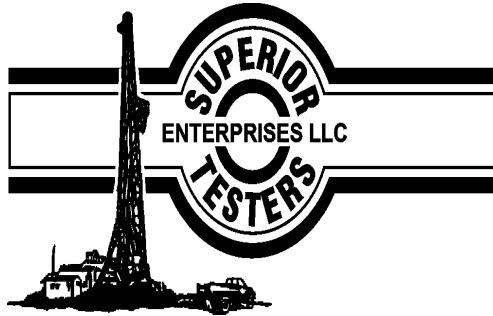
Recovery Table

Length ft	Description	Volume bbl
10.00	spot oil w ater 1%oil 99%w ater	0.140
180.00	w ater	2.525
0.00		0.000

Total Length: 190.00 ft Total Volume: 2.665 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments:







DRILL STEM TEST REPORT

Prepared For: **Black Tea Oil**

1011 Centennial Blvd Ste B Hays KS 67601

ATTN: Chris Lieker

Krebs N #1

27-14-32 Logan

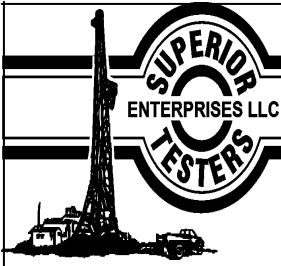
Start Date: 2013.12.30 @ 21:00:00

End Date: 2013.12.31 @ 05:42:30

Job Ticket #: 17039 DST #: 2

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

Printed: 2013.12.31 @ 06:01:15



DRILL STEM TEST REPORT

Black Tea Oil
 1011 Centennial Blvd Ste B Hays KS 67601
 ATTN: Chris Lieker

27-14-32 Logan
Krebs N #1
 Job Ticket: 17039 **DST#: 2**
 Test Start: 2013.12.30 @ 21:00:00

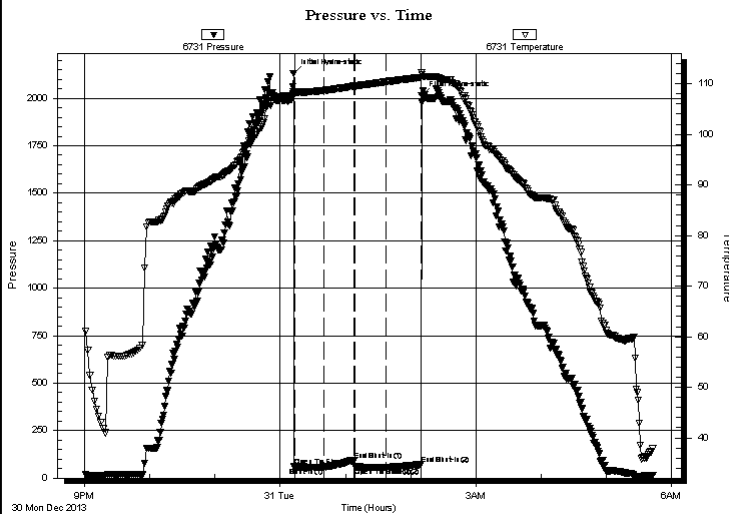
GENERAL INFORMATION:

Formation: **Pawnee**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 00:13:00
 Time Test Ended: 05:42:30
 Interval: **4067.00 ft (KB) To 4109.00 ft (KB) (TVD)**
 Total Depth: 4109.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Bottom Hole (Initial)
 Tester: Jared Scheck
 Unit No: 3320-Scott City-
 Reference Elevations: 3653.00 ft (KB)
 3644.00 ft (CF)
 KB to GR/CF: 9.00 ft

Serial #: 6731

Press@RunDepth: 58.07 psia @ ft (KB) Capacity: 5000.00 psia
 Start Date: 2013.12.30 End Date: 2013.12.31 Last Calib.: 2013.12.31
 Start Time: 21:00:00 End Time: 05:42:30 Time On Btm: 2013.12.31 @ 00:12:00
 Time Off Btm: 2013.12.31 @ 02:10:00

TEST COMMENT: 1st Opening 30 Minutes-Weak surface blow built 1 inch into w ater in 30 minutes
 1st Shut-in 30 Minutes-No Blow back
 2nd Opening 30 Minutes-Weak surface blow built 1/4 inch into w ater
 2nd Shut-in 30 Minutes-No blow back



PRESSURE SUMMARY

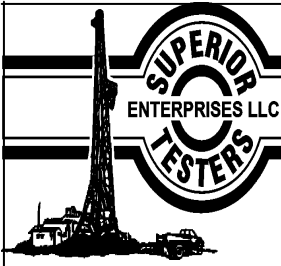
Time (Min.)	Pressure (psia)	Temp (deg F)	Annotation
0	2131.00	108.37	Initial Hydro-static
1	61.02	108.32	Open To Flow (1)
29	58.55	108.70	Shut-In(1)
56	91.83	109.52	End Shut-In(1)
57	59.28	109.54	Open To Flow (2)
85	58.07	110.40	Shut-In(2)
117	71.56	111.27	End Shut-In(2)
118	2013.50	112.26	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
10.00	muddy water with spot oil	0.14
0.00	49%mud 50%w ater 1%oil	0.00
0.00	chlorides 20,000 resistivity .3@50degree	0.00

Gas Rates

	Choke (inches)	Pressure (psia)	Gas Rate (Mcf/d)



DRILL STEM TEST REPORT

Black Tea Oil
 1011 Centennial Blvd Ste B Hays KS 67601
 ATTN: Chris Lieker

27-14-32 Logan
Krebs N #1
 Job Ticket: 17039 **DST#: 2**
 Test Start: 2013.12.30 @ 21:00:00

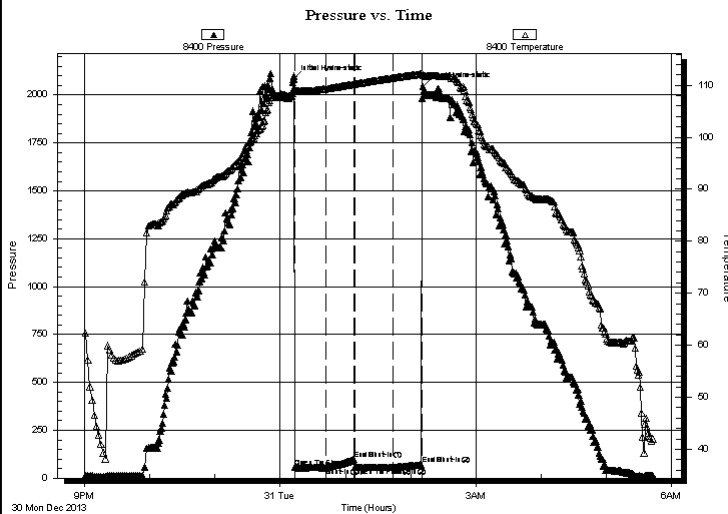
GENERAL INFORMATION:

Formation: **Pawnee**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 00:13:00
 Time Test Ended: 05:42:30
Interval: 4067.00 ft (KB) To 4109.00 ft (KB) (TVD)
 Total Depth: 4109.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Bottom Hole (Initial)
 Tester: Jared Scheck
 Unit No: 3320-Scott City-
 Reference Elevations: 3653.00 ft (KB)
 3644.00 ft (CF)
 KB to GR/CF: 9.00 ft

Serial #: 8400

Press@RunDepth: 70.48 psia @ ft (KB) Capacity: 5000.00 psia
 Start Date: 2013.12.30 End Date: 2013.12.31 Last Calib.: 2013.12.31
 Start Time: 21:00:00 End Time: 05:42:30 Time On Btm: 2013.12.31 @ 00:12:00
 Time Off Btm: 2013.12.31 @ 02:11:00

TEST COMMENT: 1st Opening 30 Minutes-Weak surface blow built 1 inch into water in 30 minutes
 1st Shut-in 30 Minutes-No Blow back
 2nd Opening 30 Minutes-Weak surface blow built 1/4 inch into water
 2nd Shut-in 30 Minutes-No blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psia)	Temp (deg F)	Annotation
0	2083.59	108.82	Initial Hydro-static
2	55.27	109.00	Open To Flow (1)
30	56.95	109.32	Shut-In(1)
56	97.63	110.22	End Shut-In(1)
57	56.15	110.24	Open To Flow (2)
92	56.53	111.43	Shut-In(2)
118	70.48	112.19	End Shut-In(2)
119	2045.79	112.11	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
10.00	muddy water with spot oil	0.14
0.00	49%mud 50%water 1%oil	0.00
0.00	chlorides 20,000 resistivity .3@50degree	0.00

Gas Rates

Choke (inches)	Pressure (psia)	Gas Rate (Mcf/d)



DRILL STEM TEST REPORT

TOOL DIAGRAM

Black Tea Oil
 1011 Centennial Blvd Ste B Hays KS 67601
 ATTN: Chris Lieker

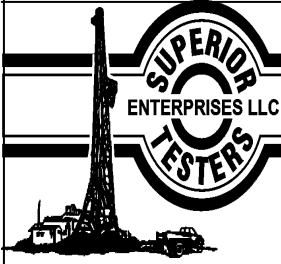
27-14-32 Logan
Krebs N #1
 Job Ticket: 17039 **DST#:2**
 Test Start: 2013.12.30 @ 21:00:00

Tool Information

Drill Pipe:	Length: 4048.00 ft	Diameter: 3.80 inches	Volume: 56.78 bbl	Tool Weight: 1000.00 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: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight to Pull Loose: 65000.00 lb
		Total Volume: 56.78 bbl		Tool Chased 0.00 ft
Drill Pipe Above KB:	9.00 ft			String Weight: Initial 57000.00 lb
Depth to Top Packer:	4067.00 ft			Final 57000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	42.00 ft			
Tool Length:	70.00 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			4044.00	
Hydraulic Tool	5.00			4049.00	
Jars	6.00			4055.00	
Safety Joint	2.00			4057.00	
Packer	5.00			4062.00	28.00 Bottom Of Top Packer
Packer	5.00			4067.00	
Anchor	37.00			4104.00	
Recorder	1.00		Inside	4105.00	
Recorder	1.00		Outside	4106.00	
Bullnose	3.00			4109.00	42.00 Bottom Packers & Anchor
Total Tool Length:	70.00				



DRILL STEM TEST REPORT

FLUID SUMMARY

Black Tea Oil
 1011 Centennial Blvd Ste B Hays KS 67601
 ATTN: Chris Lieker

27-14-32 Logan
Krebs N #1
 Job Ticket: 17039 **DST#:2**
 Test Start: 2013.12.30 @ 21:00:00

Mud and Cushion Information

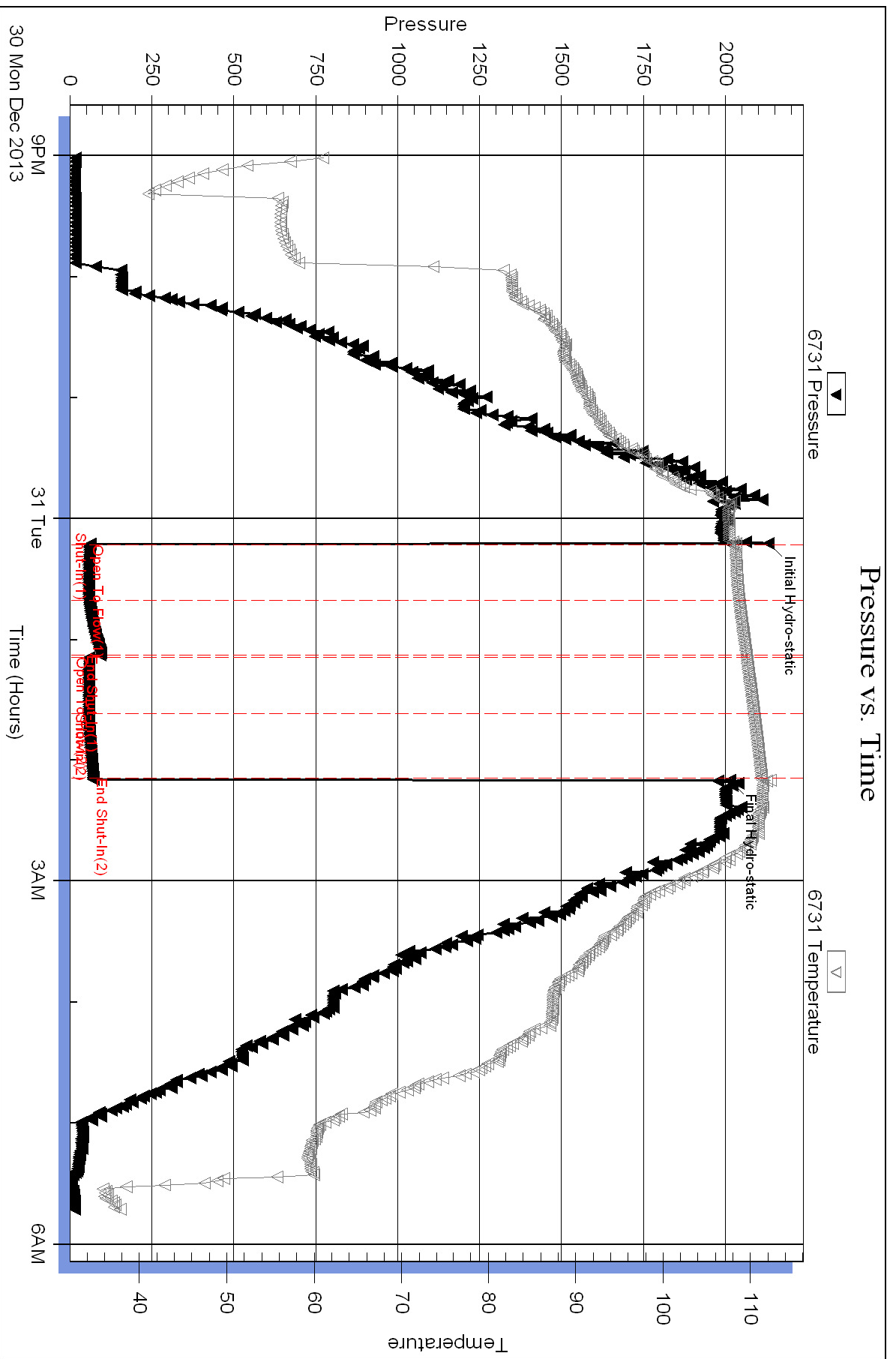
Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 48.00 sec/qt	Cushion Volume: bbl		
Water Loss: 9.60 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psia		
Salinity: 7000.00 ppm			
Filter Cake: 1.00 inches			

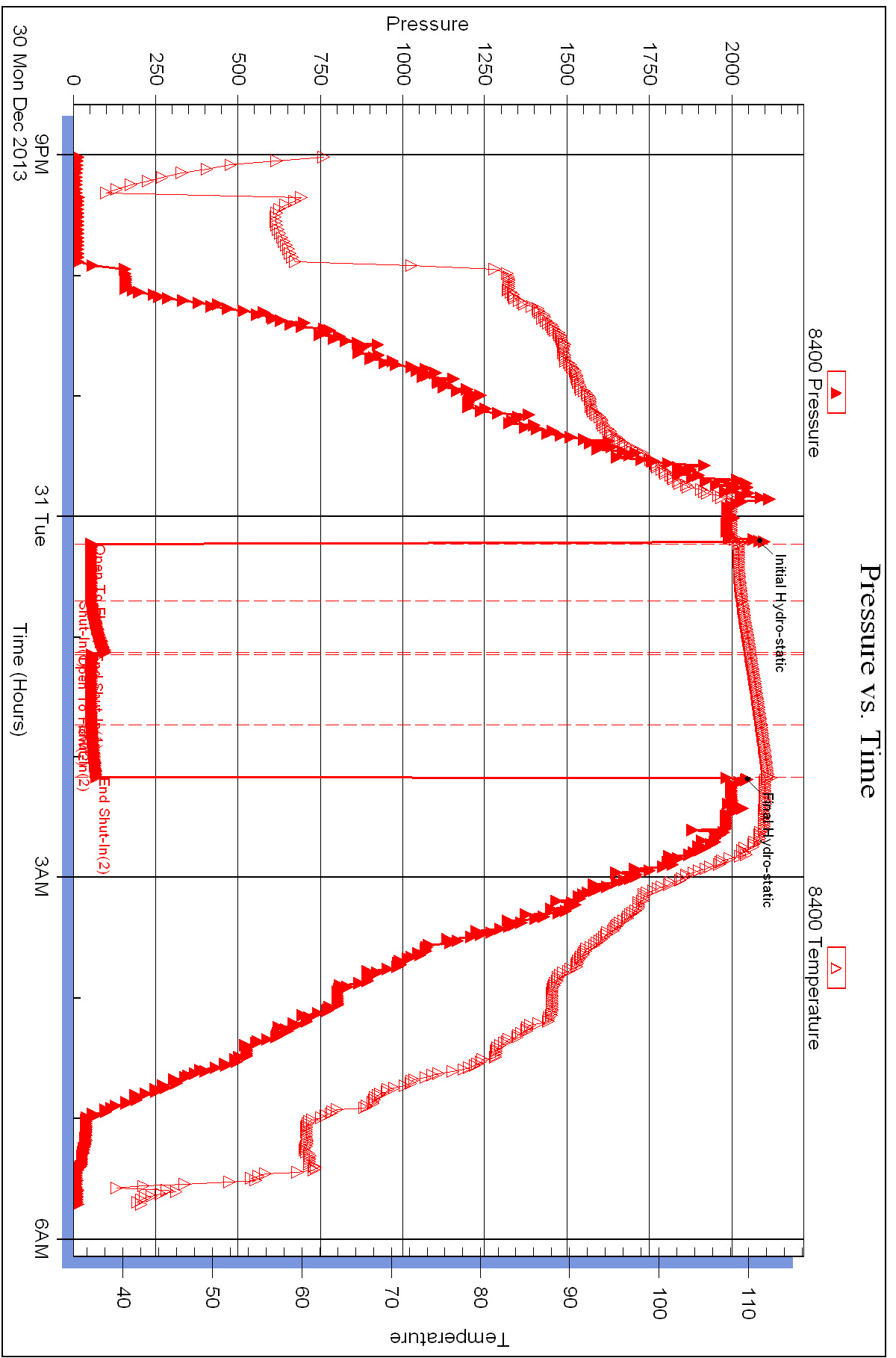
Recovery Information

Recovery Table

Length ft	Description	Volume bbl
10.00	muddy w ater w ith spot oil	0.140
0.00	49%mud 50%w ater 1%oil	0.000
0.00	chlorides 20,000 resistivity .3@50degree	0.000

Total Length: 10.00 ft Total Volume: 0.140 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments:





ALLIED OIL & GAS SERVICES, LLC 062118

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Oakley, KS

DATE <u>12-20-13</u>	SEC. <u>27</u>	TWP. <u>14</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION <u>7:00pm</u>	JOB START <u>11:30pm</u>	JOB FINISH <u>12:00m.</u>
LEASE <u>Krebs</u> WELL # <u>1</u>			LOCATION <u>Oakley, 229, 34, 5, E</u>			COUNTY <u>Logan</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)				into			

CONTRACTOR Integrity
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D.
 CASING SIZE 3 7/8 DEPTH
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 151
 PERFS.
 DISPLACEMENT

OWNER Same
 CEMENT
 AMOUNT ORDERED 180 sks com 3% cc
2 Regal

EQUIPMENT

PUMP TRUCK CEMENTER Lakave Ewente
 # 431 HELPER Kelly Gabel
 BULK TRUCK
 # 818/287 DRIVER Eddy (TWS)
 BULK TRUCK
 # DRIVER

COMMON	<u>180 sks @ 17.90</u>	<u>3222.00</u>
POZMIX	@	
GEL	<u>3 sks @ 23.40</u>	<u>70.20</u>
CHLORIDE	<u>7 sks @ 69.00</u>	<u>483.00</u>
ASC	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING	<u>19969 ft³ @ 2.48</u>	<u>482.83</u>
MILEAGE	<u>8.85 hrs @ 25 x 2.60</u>	<u>577.20</u>
TOTAL		<u>4805.23</u>

REMARKS:

Mix 180 sks cement
Displace with water
Cement did circulate
Thank you

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE	<u>1512.25</u>	
EXTRA FOOTAGE	@	
MILEAGE	<u>MIA @ 25 @ 7.20</u>	<u>192.50</u>
MANIFOLD	<u>176 @ 5.00</u>	<u>880.00</u>
MISC	<u>25 @ 4.40</u>	<u>110.00</u>
	@	
TOTAL		<u>1814.25</u>

CHARGE TO: Black Tea
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>Wood plug</u>	@	<u>100.00</u>
	@	
	@	
	@	
	@	
TOTAL		<u>100.00</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) _____
 TOTAL CHARGES 6,614.48
 DISCOUNT 1,322.89 IF PAID IN 30 DAYS
5,291.58 Net.

PRINTED NAME David Heisel
 SIGNATURE David Heisel

ALLIED OIL & GAS SERVICES, LLC 054744

Federal Tax I.D.# 20-5975804

REMIT TO: P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell, KS,

DATE <u>1-3-14</u>	SEC. <u>27</u>	TWP. <u>14 S</u>	RANGE <u>32 W</u>	CALLED OUT	ON LOCATION	JOB START <u>7:00 AM</u>	JOB FINISH <u>1:30 AM</u>
LEASE <u>Krebs</u>	WELL # <u>N-1</u>	LOCATION <u>Oakley Ks, 22 South</u>			COUNTY <u>Logan</u>	STATE <u>KANSAS</u>	
OLD OR NEW (Circle one) <u>NEW</u>		<u>1/2 W 1/4 S T100</u>					

CONTRACTOR <u>INTEGRITY DRUG Right#11</u>	OWNER
TYPE OF JOB <u>Production string w/ Port Collar</u>	CEMENT AMOUNT ORDERED <u>280 SX, ASC,</u>
HOLE SIZE <u>7 7/8 L.T.D. 4382'</u>	<u>10% Salt 2 Bagel 5# Gilsomite per SX,</u>
CASING SIZE <u>5 1/2 New</u> DEPTH <u>4380'</u>	<u>500 GAL Mud Flush</u>
TUBING SIZE <u>15.50 # CSG</u> DEPTH	COMMON _____ @ _____
PIPE LATCH DN. Plug DEPTH <u>4361'</u>	POZMIX _____ @ _____
TOOL PORT Collar @ DEPTH <u>2074'</u>	GEL <u>5 SX</u> @ <u>23.40</u> <u>117.00</u>
PRES. MAX MINIMUM	CHLORIDE _____ @ _____
MEAS. LINE SHOE JOINT <u>21'</u>	ASC <u>280 SX</u> @ <u>20.90</u> <u>5852.00</u>
CEMENT LEFT IN CSG. <u>21'</u>	Salt <u>28 SX</u> @ <u>26.35</u> <u>737.80</u>
PERFS.	Gilsomite <u>140 LBS</u> @ <u>.98</u> <u>1372.00</u>
DISPLACEMENT <u>103.80 / BBL</u>	Super Flush <u>12-BBL</u> @ <u>58.90</u> <u>706.40</u>
EQUIPMENT	HANDLING <u>332.00 FT3</u> @ <u>2.48</u> <u>823.36</u>
PUMP TRUCK CEMENTER <u>Glenn G.</u>	MILEAGE <u>15.61 x 25 mile</u> @ <u>2.60</u> <u>1014.65</u>
# <u>409</u> HELPER <u>Nathan D.</u>	TOTAL <u>10621.21</u>
BULK TRUCK # <u>473</u> DRIVER <u>Joe G.</u>	SERVICE
BULK TRUCK # _____ DRIVER _____	DEPTH OF JOB _____

REMARKS:
 Ran 1st New JOINTS OF 15.50# CSG. Set @ 4380 Reversed Circ. Drop AFUEAL Circs 1 Hr. Pump 12 BBL Super Flush Mixed 230 SX Down Hole, Clear-Line Release Latch DN Plug & Displace @ TOTAL OF 10.5 / BBL H2O. Latch DN Plug @ 2000 # Release Pressure to Plug & AFUEAL (Held)

CHARGE TO: Black Tea Oil LLC
 STREET _____
 CITY _____ STATE _____ ZIP _____

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 H. [Signature]

DEPTH OF JOB _____	PUMP TRUCK CHARGE <u>2765.95</u>
EXTRA FOOTAGE _____ @ _____	MILEAGE <u>HV MI 25</u> @ <u>7.70</u> <u>192.50</u>
MANIFOLD Head _____ @ _____	HV MI Bulk @ <u>7.70</u> <u>192.50</u>
HV MI Bulk @ <u>4.40</u> <u>108.00</u>	LV MI _____ @ _____
TOTAL <u>3426.85</u>	TOTAL <u>3491.75</u>

Weathered
 PLUG & FLOAT EQUIPMENT

1-AFU Float Shoe _____ @ _____	<u>408.93</u>
1-Flex-Latch DN Plug _____ @ _____	<u>324.09</u>
8-TURBO-CENTRAL PEGS @ <u>93.60</u>	<u>748.80</u>
3-BASKETS @ <u>39.29</u>	<u>1182.87</u>
1-PORT COLLAR _____ @ _____	<u>3042.00</u>
TOTAL	<u>5706.09</u>

SALES TAX (If Any) _____
 TOTAL CHARGES 19,754.15
 DISCOUNT 2809.61 ... AID IN 30 DAYS
16,944.54