

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 B3

LTD @ 4419

Port Collar 2095 500 sks

5 ½ set @ 4443 200 sks

Perfs

Morrow 4320-26 3000 gal 15% INS

Johnson 4278-92 1500 gal 15% INS

Johnson 4260-66 1500 gal 15% INS

Pawnee 4140-48 1500 gal 15% INS

Altamont 4124-30 3000 gal 15% INS

Marmaton 4096-4100 Did not treat

Pleasanton 4040-46 1500 gal 15% INS

Base KC 4004-08 1500 gal 15% INS

J 3902-08 1500 gal 15% INS

Summary of Changes

Lease Name and Number: Krebs B 3

API/Permit #: 15-109-21234-00-00

Doc ID: 1249314

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	250	263
Approved Date	04/30/2014	04/27/2015
CasingNumbSacksUsedPDF_2	230	200
CasingPurposeOfStringPDF_1	SURFACE	Surface
CasingPurposeOfStringPDF_2	PRODUCTION	Production
CasingSettingDepthPDF_1	250	263
CasingSettingDepthPDF_2	4388	4443
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement Circulated From		2095

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	500
Kelly Bushing Elevation	2692	2694
Method Of Completion - Commingled	No	Yes
Multiple Stage Cementing Collar Depth	2100	2095
Perf_Record_1		see attached report
Plug Back Total Depth	4450	4419
Producing Formation	KANSAS CITY / JOHNSON	see attached report
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1202095	../../../../kcc/detail/operatorEditDetail.cfm?docID=1249314
TopsDatum1	-1307	-1626
TopsDatum2		-1566
TopsDatum3		-1446
TopsDatum4		-1430

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsDatum5		-1402
TopsDatum6		-1346
TopsDatum7		-1208
TopsDepth1	3999	4320
TopsDepth2		4260
TopsDepth3		4140
TopsDepth4		4124
TopsDepth5		4096
TopsDepth6		4040
TopsDepth7		3902
TopsName1	KANSAS CITY	Morrow
TopsName2		Johnson
TopsName3		Pawnee

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsName4		Altamont
TopsName5		Marmaton
TopsName6		Pleasanton
TopsName7		Kansas City

Summary of Attachments

Lease Name and Number: Krebs B 3

API: 15-109-21234-00-00

Doc ID: 1249314

Correction Number: 1

Attachment Name



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1202095
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: _____

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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:	
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CONSOLIDATED
Oil Well Services, LLC

265237

TICKET NUMBER 38125

LOCATION OAKLEY KS.

FOREMAN DAMON M.

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

KS.

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
1-4-14	5007	KREBS B #3	2B	14	32W	LOGAN	
CUSTOMER BLACKTEA OIL LLC.		OAKLEY'S N of River		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1101 CENTENNIAL BLV. SUITE B		2 W		399	TIM W		
CITY HAYS		STATE KS.		ZIP CODE 67601		2 S	
						2 N	

JOB TYPE SURFACE HOLE SIZE 12 1/4 HOLE DEPTH 262 CASING SIZE & WEIGHT 8 5/8 23 #
 CASING DEPTH 262.52 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 20'
 DISPLACEMENT 15 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: SAFELY MEETING RIG UP ON LANDMARK CIRC ON BOTTOM MIX 180SKS
COMMON CLASS 370 CC 2% GEL DISPLACED 15 BBL OF H2O SHUT IN
RELEASED PRESSURE WASHED UP AND RIGGED DOWN.

CEMENT DID CIRCULATE
APPROX 4 BBL TO THE PIT.

THANK YOU DAMON & CREW

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1150.00	1150.00 ✓
5406	20	MILEAGE	5.25	105.00 ✓
5407	8.5	TON MILEAGE DELIVERY (MIN)	430.00	430.00 ✓
11045	180 SKS	CLASS A CEMENT	18.55	3339.00 ✓
1102	508 #	CALCIUM CHLORIDE	.94	477.52 ✓
1118B	338 #	BETONITE	.27	91.26 ✓
1111	200 #	SALT	N/C	N/C ✓
			SUBTOTAL	5592.78 ✓
			LESS 10%	559.28 ✓
			SUBTOTAL	5033.50 ✓
			SALES TAX	269.05 ✓
			ESTIMATED TOTAL	5302.55 ✓

completed

Ravin 3737

AUTHORIZATION RAMIRO MALDONADO TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

ALLIED OIL & GAS SERVICES, LLC 061398

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Oakley, KS

DATE <u>1-13-14</u>	SEC. <u>26</u>	TWP. <u>14</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION	JOB START <u>8:30 PM</u>	JOB FINISH <u>9:00 PM</u>
LEASE <u>Krebs</u>	WELL # <u>3</u>	LOCATION <u>Oakley</u>	<u>23.5</u>	<u>1/2 to 1/4 mile</u>	COUNTY <u>Logan</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>		S & W into					

CONTRACTOR Lundmark #10
 TYPE OF JOB Pneum
 HOLE SIZE 2 7/8 T.D. 4443
 CASING SIZE 5 1/2 DEPTH 4443
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL Pore collar DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 21.43
 CEMENT LEFT IN CSG. 21.43
 PERFS.
 DISPLACEMENT 105.23

OWNER Same
 CEMENT AMOUNT ORDERED 230 SKS ASC 100 salt
20 gal 5# gilsonite
 COMMON @
 POZMIX @
 GEL 4 SKS @ 2340.93 50
 CHLORIDE @
 ASC 230 SKS @ 20.80 4807.80
salt 24 SKS @ 26.35 632.40
Gilsonite 1150 # @ .98 1127.00
super flush 12 bbl @ 58.20 704.80
 HANDLING 294.15 cu ft @ 2.48 729.48
 MILEAGE 12.85 @ 25 X 2.60 835.25
 TOTAL 8929.14

EQUIPMENT
 PUMP TRUCK CEMENTER Rilly, Gabel
 # 431 HELPER Wayne McElhinny
 BULK TRUCK
 # 396 + 306 DRIVER Eddie (RWS)
 BULK TRUCK
 # DRIVER

REMARKS:

ran pipe to bottom, hooked up
to circulator to run mixed
super flush, mixed 230 SKS ASC
100 salt 20 gal, 5# gilsonite, released
plug displaced with hi water
with lit pressure at 90#. Plug landed
@ 1500# released pressure float hole
Thank you
Rilly & crew

SERVICE

DEPTH OF JOB 4443
 PUMP TRUCK CHARGE 7765.75
 EXTRA FOOTAGE @
 MILEAGE M:HV 25 @ 7.20 192.00
 MANIFOLD Head @ 275.00
M:LV 25 @ 4.40 110.00
 TOTAL 3343.25

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

PLUG & FLOAT EQUIPMENT

weatherhead 5 1/2 @ 408.33
AEH float shoe @ 324.00
latchdown Assy @ 394.25 1182.87
Basket 3 @ 93.80 281.40
turboliner 8 @ 3592.00
 TOTAL 5706.99

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 17,978.48
 DISCOUNT 2,454.47 IF PAID IN 30 DAYS
\$ 15,524.03 Net

PRINTED NAME Colo Drake
 SIGNATURE 