



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
-----------------------------------	-----------------	---

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
--	---

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: _____ _____
--	---	---

Summary of Changes

Lease Name and Number: Krebs G 2

API/Permit #: 15-109-21235-00-00

Doc ID: 1249517

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	250	262
Approved Date	04/30/2014	04/14/2015
CasingPurposeOfString PDF_1	SURFACE	Surface
CasingSettingDepthPDF_1	250	262
CasingWeightPDF_1	16	23
Cementing Purpose Plug Back TD	No	Yes
CementingDepth1_PDF	-	0-4440
CementingDepthBase1		4440
CementingDepthTop1		0
Elogs_PDF		dual ind

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Kelly Bushing Elevation	2718	2720
Number Of Sacks Used for Cementing / Squeezing- Line 1 Save Link	02086	205
TopsDatum1	..<../kcc/detail/operatorE ditDetail.cfm?docID=12 -1307	..<../kcc/detail/operatorE ditDetail.cfm?docID=12 49517 0
TopsDepth1	4025	0
TopsName1	KANSAS CITY	0
Total Depth	4450	4440
Type Of Cement Used for Cementing / Squeezing - Line 1		common



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1202086
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)</i> <i>(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:	
----------------	-------	---------	------------	--

DR

ALLIED OIL & GAS SERVICES, LLC 061434

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Oakley KS

DATE <u>1-5-14</u>	SEC <u>28</u>	TWP <u>14</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION <u>2:00 a.m.</u>	JOB START <u>7:30 a.m.</u>	JOB FINISH <u>8:00 a.m.</u>
LEASE <u>Krebs G</u>	WELL.# <u>2</u>	LOCATION <u>Oakley 22 mi S, W, S 1 mi</u>			COUNTY <u>Logan</u>	STATE <u>ks</u>	
OLD OR (NEW) (Circle one)				<u>W + N into</u>			

CONTRACTOR Integrity

TYPE OF JOB Surface

HOLE SIZE 12 1/4 TD. 270'

CASING SIZE 8 5/8 DEPTH 261.91'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15'

PERFS.

DISPLACEMENT 15.73 bbl water

EQUIPMENT

PUMP TRUCK CEMENTER Paul Braver

120 HELPER Tyler Flipse

BULK TRUCK

100 DRIVER Adam Flipse

BULK TRUCK

DRIVER

REMARKS:
Mix 180 sks Com 3% CC 2% gel
Displace w/ water
cement did circulate

OWNER Same

CEMENT
AMOUNT ORDERED 180 sks Com 3%
CC 2% gel

COMMON	<u>180 sks @ 17.90</u>	<u>3222.00</u>
POZMIX	<u>@</u>	
GEL	<u>4 sks @ 23.40</u>	<u>93.60</u>
CHLORIDE	<u>7 sks @ 64.00</u>	<u>448.00</u>
ASC	<u>@</u>	
	<u>@</u>	
	<u>@</u>	
	<u>@</u>	
	<u>@</u>	
	<u>@</u>	
	<u>@</u>	
	<u>@</u>	
	<u>@</u>	
	<u>@</u>	
HANDLING	<u>194.64 ft³ @ 2.48</u>	<u>482.71</u>
MILEAGE	<u>8.82 tons @ 25 mi x 2.60</u>	<u>577.20</u>
		TOTAL <u>4823.51</u>

CHARGE TO: Black Tea

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	<u>270'</u>	
PUMP TRUCK CHARGE	<u>1512.25</u>	
EXTRA FOOTAGE	<u>@</u>	
MILEAGE MILV	<u>25 @ 7.70</u>	<u>192.50</u>
MANIFOLD <u>sledge</u>	<u>@</u>	<u>275.00</u>
<u>MILV</u>	<u>25 @ 4.40</u>	<u>110.00</u>
	<u>@</u>	
		TOTAL <u>2089.75</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.

PLUG & FLOAT EQUIPMENT

	<u>@</u>	
	<u>@</u>	
	<u>@</u>	
	<u>@</u>	
	<u>@</u>	
		TOTAL _____

PRINTED NAME Todd E. Mersch

SIGNATURE Todd E. Mersch

SALES TAX (If Any) _____

TOTAL CHARGES 6,913.26

DISCOUNT 1,382.65 IF PAID IN 30 DAYS

5,530.60 Net.

ALLIED OIL & GAS SERVICES, LLC 062205

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Oakley, KS

DATE <u>1-17-14</u>	SEC. <u>27</u>	TWP. <u>14</u>	RANGE <u>32 W</u>	CALLED OUT	ON LOCATION	JOB START <u>6:11 PM</u>	JOB FINISH <u>6:20 PM</u>
LEASE <u>Block 6</u>	WELL# <u>#2</u>	LOCATION <u>Oakley 2.55 W 70 W in 100</u>	COUNTY <u>Jayson</u>		STATE <u>KS</u>		
OLD OR NEW (Circle one)							

CONTRACTOR Integrity #7 OWNER Same

TYPE OF JOB DTA

HOLE SIZE 7 7/8 T.D.

CASING SIZE DEPTH 4440 CEMENT AMOUNT ORDERED 205 bags 60/40 902

TUBING SIZE DEPTH 4 1/2 100 yds 1/4" floreal

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT

EQUIPMENT

PUMP TRUCK CEMENTER <u>Kelly Gabel</u>	
# <u>431</u> HELPER <u>Wayne McGibghy</u>	
BULK TRUCK	
# <u>396 + 306</u> DRIVER <u>Galen Jones</u>	
BULK TRUCK	
# DRIVER	

REMARKS:

25 @ 2160
100 @ 1075
40 @ 300
10 @ 40 w/ wooden Plug
30 R.H

Thank you Kelly & crew

COMMON	<u>123.50</u>	<u>17.80</u>	<u>2201.70</u>
POZMIX	<u>82.50</u>	<u>9.35</u>	<u>766.70</u>
GEL	<u>7.50</u>	<u>23.40</u>	<u>163.80</u>
CHLORIDE	@		
ASC	@		
<u>Floreal 51#</u>	@	<u>2.97</u>	<u>151.97</u>
	@		
	@		
	@		
	@		
	@		
	@		
HANDLING	<u>220.15</u>	<u>6.14</u>	<u>254.77</u>
MILEAGE	<u>8.81</u>	<u>25.25</u>	<u>572.65</u>
			<u>29</u>
			<u>TOTAL 4402</u>

SERVICE

DEPTH OF JOB	<u>4440</u>
PUMP TRUCK CHARGE	<u>1250.00</u>
EXTRA FOOTAGE	@
MILEAGE <u>M.H.V 25</u>	@ <u>7.70</u> <u>192.50</u>
MANIFOLD	@
<u>M.H.V 25</u>	@ <u>4.40</u> <u>110.00</u>
	@

TOTAL 1552.25

PLUG & FLOAT EQUIPMENT

<u>1-8 5/8 Wooden Plug</u>	<u>107.64</u>
	@
	@
	@

TOTAL 107.64

CHARGE TO: Black Sea

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 Todd E. Mersbach

SIGNATURE Todd E. Mersbach

SALES TAX (If Any) _____

TOTAL CHARGES 6,062.18

DISCOUNT 1,190.90 IF PAID IN 30 DAYS

4,871.27 Net.