



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:

Yes No

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: _____

1249420

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: _____ _____
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Black Tea Oil

Krebs N3

LTD 4345

Port Collar 2033' 350 sks

Perfs

Morrow 4262-74 750 gal 15% INS

Johnson 4236-46

Johnson 4228-32

Johnson 4212-20

Johnson 4192-98

Treated Johnson with 3500 gal 15% INS

Pawnee 4092-4102

Altamont 4076-86

Treated Pawnee and Altamont 3000 gal 15% INS

L 3924-30 1500 gal 15% INS

C 3674-82 3000 gal 15% INS

Summary of Changes

Lease Name and Number: Krebs N 3

API/Permit #: 15-109-21267-00-00

Doc ID: 1249420

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	04/30/2014	04/27/2015
CasingPurposeOfString PDF_1	SURFACE	Surface
CasingPurposeOfString PDF_2	PRODUCTION	Production
CasingSettingDepthPD F_2	4450	4375
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement Circulated From If Alternate II Completion - Cement Circulated To		2033
If Alternate II Completion - Sacks of Cement	450	0
Kelly Bushing Elevation	2653	350
		2655

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Method Of Completion - Commingled	No	Yes
Multiple Stage Cementing Collar Depth	2100	2033
Perf_Record_1		see attached report
Plug Back Total Depth	4450	4345
Producing Formation	KANSAS CITY / JOHNSON	See attached report
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1202193	../../../../kcc/detail/operatorEditDetail.cfm?docID=1249420
TopsDatum1	-1307	-1607
TopsDatum2		-1537
TopsDatum3		-1437
TopsDatum4		-1421
TopsDatum5		-1269
TopsDepth1	3960	4262
TopsDepth2		4192

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsDepth3		4092
TopsDepth4		4076
TopsDepth5		3924
TopsName1	KANSAS CITY	morrow
TopsName2		Johnson
TopsName3		Pawnee
TopsName4		Altamont
TopsName5		Kansas City
Total Depth	4450	4375

Summary of Attachments

Lease Name and Number: Krebs N 3

API: 15-109-21267-00-00

Doc ID: 1249420

Correction Number: 1

Attachment Name

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							
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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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266898

TICKET NUMBER 43055
 LOCATION Oakley Ks.
 FOREMAN Darren Damon

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
3/24/14	5007	Krebs N-3	26	16	32	Logan																
CUSTOMER Black Tea			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>399</td> <td>Michael</td> <td></td> <td></td> </tr> <tr> <td>530</td> <td>Lance</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Cory</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	399	Michael			530	Lance				Cory		
TRUCK #	DRIVER	TRUCK #					DRIVER															
399	Michael																					
530	Lance																					
	Cory																					
MAILING ADDRESS 1011 Centennial Suite B																						
CITY Hays																						
STATE Ks		ZIP CODE 67601																				

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 263 CASING SIZE & WEIGHT 8 5/8 23*
 CASING DEPTH 250.95 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.36 WATER gal/sk _____ CEMENT LEFT in CASING 20*
 DISPLACEMENT 14.78 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting Rig upon Landmark #6 Run Casing Break Circulation with Rig Pump Hookup to Pump Truck Mix 180 SKS Cem 3% CC 2% Gel Washup Pump Lines Displace with 14.78 bbl water Shut in Rig Down

Cement Did Circulate

Approx 2 bbl To Pit

Thanks Darren + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE	\$1150.00	\$1150.00
5406	25	MILEAGE	\$5.25	\$131.25
5407	8.46	Ton Mileage Delivery (min)	\$1.75	\$148.05
1104S	180 SKS	Class "A" Cement	\$18.55	\$3339.00
1102	508*	Calcium Chloride	\$.94	\$477.52
1118B	338*	Bentonite	\$.27	\$91.26
1111	100*	Salt	NC	NC
			Sub Total	\$5619.03
			Less 10%	\$561.90
			Sub Total	\$5057.13
			SALES TAX	269.05
			ESTIMATED TOTAL	5326.18

completed

AUTHORIZATION [Signature] TITLE PLG 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 062081

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Dakley, KS
4-1-14

DATE <u>3-31-14</u>	SEC. <u>27</u>	TWP. <u>12</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION <u>11:30 pm</u>	JOB START <u>6:00 am</u>	JOB FINISH <u>7:00 am</u>
LEASE <u>Krebs</u>	WELL # <u>3</u>	LOCATION <u>Dakley, 225, State</u>	COUNTY <u>Logan</u>	STATE <u>KS</u>			
OLD OR <u>NEW</u> (Circle one)		<u>Winto</u>					

CONTRACTOR <u>Landmark 6</u>	OWNER <u>Sacne</u>
TYPE OF JOB <u>Production</u>	
HOLE SIZE <u>7 7/8"</u> T.D. <u>43751</u>	CEMENT
CASING SIZE <u>5 1/2"</u> DEPTH <u>43751</u>	AMOUNT ORDERED <u>230513 ASC 1090 salt</u>
TUBING SIZE _____ DEPTH _____	<u>290 gal, 5# gilsonite, 10661 KCL</u>
DRILL PIPE _____ DEPTH _____	<u>12661 super flush.</u>
TOOL <u>port collar</u> DEPTH <u>20371</u>	
PRES. MAX _____ MINIMUM _____	COMMON _____ @ _____
MEAS. LINE _____ SHOE JOINT <u>20.83</u>	POZMIX _____ @ _____
CEMENT LEFT IN CSG. <u>20.831</u>	GEL _____ @ <u>23.90</u> <u>9360</u>
PERFS. _____	CHLORIDE _____ @ _____
DISPLACEMENT <u>103.63 bbl</u>	ASC <u>230 513</u> @ <u>20.90</u> <u>4807.00</u>

EQUIPMENT		SALE @ _____	
PUMP TRUCK # <u>431</u>	CEMENTER <u>Larone & Wentz</u>	gilsonts <u>1150#</u>	@ <u>.98</u> <u>1127.00</u>
BULK TRUCK # <u>373/308</u>	HELPER <u>Andrew Forslund</u>	KCL <u>1 gal</u>	@ _____ <u>34.40</u> <u>34.40</u>
BULK TRUCK # <u>482</u>	DRIVER <u>Juan Moulder (Tas)</u>	super flush <u>12661</u>	@ <u>58.90</u> <u>704.40</u>
	DRIVER <u>Wayne Maschgly</u>	HANDLING <u>2940.35</u>	@ <u>2.48</u> <u>729.19</u>
		MILEAGE <u>1284 tank 25X</u>	@ <u>7.60</u> <u>834.60</u>
		TOTAL	<u>8962.59</u>

REMARKS:
Pump ball through. Pump 12661 KCL
Pump 12661 Super flush. Plug Rth. 308
Mix 200 lbs cement. Displace
with water. Land plug 20.83
float held.

Thank you.

CHARGE TO: Black Tea

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE	
DEPTH OF JOB <u>43751</u>	
PUMP TRUCK CHARGE _____	<u>2765.75</u>
EXTRA FOOTAGE _____	@ _____
MILEAGE <u>1284</u>	@ <u>7.70</u> <u>192.50</u>
MANIFOLD <u>Hand</u>	@ _____ <u>275.00</u>
<u>WTO</u>	@ <u>4.40</u> <u>110.00</u>
	@ _____
TOTAL	<u>3943.25</u>

PLUG & FLOAT EQUIPMENT	
<u>Weatherford</u>	
Port Collar _____	@ _____ <u>3590.00</u>
API Float Valve _____	@ _____ <u>343.00</u>
Hotchkiss Pump _____	@ _____ <u>660.00</u>
Turbolizes _____	@ <u>95.00</u> <u>760.00</u>
Baskets _____	@ <u>395.00</u> <u>4345.00</u>
TOTAL	<u>9900.00</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.

PRINTED NAME _____

SIGNATURE John L. [Signature]

SALES TAX (if Any) _____

TOTAL CHARGES 22,805.84

DISCOUNT 2,581.16 IF PAID IN 30 DAYS

20,224.67 Net.