



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 SWGPS 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: <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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Black Tea Oil

Krebs S1

RTD 4510

LTD 4485

Port Collar 2173 320 sks

Perfs

Morrow 4404-10

Johnsons 4366-70, 4358-62, 4344-50

Treated above perfs with 2500 gal 15% INS

Summary of Changes

Lease Name and Number: Krebs S 1

API/Permit #: 15-109-21250-00-00

Doc ID: 1249488

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	250	261
Approved Date	04/30/2014	04/27/2015
CasingPurposeOfString PDF_1	SURFACE	Surface
CasingPurposeOfString PDF_2	PRODUCTION	Production
CasingSettingDepthPDF F_1	250	261
CasingSettingDepthPDF F_2	4450	4503
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement Circulated From		2173
If Alternate II Completion - Cement Circulated To		0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
If Alternate II Completion - Sacks of Cement	450	320
Method Of Completion - Commingled	No	Yes
Multiple Stage Cementing Collar Depth	2100	2173
Perf_Record_1		see attached report
Plug Back Total Depth	4450	4485
Producing Formation	KANSAS CITY / JOHNSON	morrow/johnson
Save Link	../../kcc/detail/operatorEditDetail.cfm?docID=1202179	../../kcc/detail/operatorEditDetail.cfm?docID=1249488
TopsDatum1	-1307	-1639
TopsDatum2		-1579
TopsDepth1	4072	4404
TopsDepth2		4344
TopsName1	KANSAS CITY	morrow
TopsName2		johnson

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total Depth	4450	4513

Summary of Attachments

Lease Name and Number: Krebs S 1

API: 15-109-21250-00-00

Doc ID: 1249488

Correction Number: 1

Attachment Name



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1202179
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 #: _____
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- 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) (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 062215

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Oakley, KS

DATE <i>2-13-14</i>	SEC. <i>26</i>	TWP. <i>14</i>	RANGE <i>32</i>	CALLED OUT	ON LOCATION	JOB START <i>4:30 PM</i>	JOB FINISH <i>5:00 AM</i>
LEASE <i>Krebs 5</i>		WELL # <i>#1</i>		LOCATION <i>Oakley, 2 1/2 E N E + S</i>		COUNTY <i>Jogon</i>	STATE <i>KS</i>
OLD OR NEW (Circle one) <i>new</i>				into			

CONTRACTOR *American Eagle*
TYPE OF JOB *Surface*
HOLE SIZE *12 1/4* T.D. *261*
CASING SIZE *8 5/8* DEPTH *261*
TUBING SIZE DEPTH
DRILL PIPE DEPTH
TOOL DEPTH
PRES. MAX MINIMUM
MEAS. LINE SHOE JOINT
CEMENT LEFT IN CSG. *15'*
PERFS.
DISPLACEMENT *15 1/2*

OWNER *Same*
CEMENT
AMOUNT ORDERED *180.000 Com 3% CC 290 gal*

EQUIPMENT
PUMP TRUCK CEMENTER *Kelly (same)*
422 HELPER *Wayne McElshy*
BULK TRUCK
3966306 DRIVER *Thomas (TWS)*
BULK TRUCK
DRIVER

COMMON *180.000 @ 17.90 = 3222.00*
POZMIX @
GEL *3 @ 23.70 = 70.20*
CHLORIDE *6 @ 64.00 = 384.00*
ASC @
HANDLING *194.64 cu ft @ 2.78 = 539.08*
MILEAGE *81.46 hrs @ 28 X 2.60 = 519.92*

REMARKS:
*mixed 180.000 com 3% CC 290 gal
displacement with 15 1/2 bbl water
shut in*

TOTAL *4708.81*

*cement did circulate
Shut in
Kelly & crew*

SERVICE
DEPTH OF JOB *261*
PUMP TRUCK CHARGE *1512.75*
EXTRA FOOTAGE @
MILEAGE *MILV 25 @ 44.00 = 1100.00*
MANIFOLD @
M:HV 25 @ 7.70 = 192.50

CHARGE TO: *Blackston*
STREET
CITY STATE ZIP

TOTAL *1815.25*

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
@
@
@
@
TOTAL

PRINTED NAME
SIGNATURE *Broadford Fisher*

SALES TAX (If Any)
TOTAL CHARGES *6,524.06*
DISCOUNT *1,304.81* IF PAID IN 30 DAYS
5,219.24 Net.

ALLIED OIL & GAS SERVICES, LLC 061469

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Oakley, KS

DATE <u>2-19-14</u>	SEC. <u>26</u>	TWP. <u>14</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION <u>8:00 p.m.</u>	JOB START <u>12:30 am</u>	JOB FINISH <u>1:30 am</u>
LEASE <u>Krebs 5</u>	WELL # <u>1</u>	LOCATION <u>Oakley 21 S E, N,</u>		COUNTY <u>Logan</u>	STATE <u>KS</u>		
OLD OR <u>(NEW)</u> (Circle one)		<u>E, Sinto</u>					

CONTRACTOR Am. Eagle
 TYPE OF JOB Production (long string)
 HOLE SIZE 7 7/8 T.D. 4513'
 CASING SIZE 5 1/2 DEPTH 4503'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL Port Collar DEPTH 2178'
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 21.47
 CEMENT LEFT IN CSG. 21.47'
 PERFS.
 DISPLACEMENT 106,666 bbl water

OWNER Same
 CEMENT
 AMOUNT ORDERED 230 sks ASC
10% Salt, 5% Gilsonite, 2% gel

EQUIPMENT
 PUMP TRUCK CEMENTER Paul Beaver
 # 120 HELPER Tyler Flipse
 BULK TRUCK
 # 600 DRIVER Brandon Wilkinson
 BULK TRUCK
 # DRIVER

COMMON	@		
POZMIX	@		
GEL	@	<u>4 sks</u>	<u>23.40 93.60</u>
CHLORIDE	@		
ASC	@	<u>230 sks</u>	<u>20.90 4807.00</u>
Gilsonite	@	<u>1150#</u>	<u>.98 1127.00</u>
Salt	@	<u>24 sks</u>	<u>26.35 632.40</u>
KCL	@	<u>1 gal</u>	<u>34.40 34.40</u>
Super-Flush	@	<u>1266l</u>	<u>58.70 704.40</u>
HANDLING	@	<u>294.03 ft²</u>	<u>2.48 729.19</u>
MILEAGE	@	<u>12.84 tons x 20 mi x 2.60</u>	<u>667.68</u>
TOTAL			<u>8795.6</u>

REMARKS:
Run Pipe / Float Equip, Break Circ
Drop ball Ball joint through @ 400 ft
Circ. lhr, Pump 10 bbl KCL water
min 12 bbl super flush, Pump 5 bbl water,
mix 30 sks in R.H., min 200 sks down
casing, wash up in pit, release plus
displace w/ water plus did land @ 1600#
w/ 1100# lift pressure, Float did hold
Thank you!
Paul + Tyler

SERVICE

DEPTH OF JOB	@	<u>4503'</u>	
PUMP TRUCK CHARGE	@	<u>2765.75</u>	
EXTRA FOOTAGE	@		
MILEAGE MLV	@	<u>20</u>	<u>7.70 154.00</u>
MANIFOLD Head	@	<u>275.00</u>	<u>W/C</u>
MLV	@	<u>20</u>	<u>4.40 88.00</u>
TOTAL			<u>3007.75</u>

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

PLUG & FLOAT EQUIPMENT

Weatherford	@	<u>5 1/2</u>	
Port Collar	@		<u>3590.00</u>
Turbo lifters	@	<u>8</u>	<u>95.00 760.00</u>
Baskets	@	<u>3</u>	<u>395.00 1185.00</u>
APV Float shoe	@		<u>545.00</u>
Knockdown Plug Assy	@		<u>660.00</u>
TOTAL			<u>6740.00</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 18,542.91
 DISCOUNT 2,360.67 IF PAID IN 30 DAYS
16,182.68 Net.

PRINTED NAME _____
 SIGNATURE John V. [Signature]



DRILL STEM TEST REPORT

Prepared For: **Black Tea Oil LLC**

1011 Centennial Boulevard
Suite B
Hays, Kansas 67601

ATTN:

Krebs S-1

26/14S/32W/Logan

Start Date: 2014.02.17 @ 00:34:00

End Date: 2014.02.17 @ 05:18:30

Job Ticket #: 18245 DST #: 1

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

Printed: 2014.02.17 @ 05:27:11



DRILL STEM TEST REPORT

Black Tea Oil LLC

26/14S/32W/Logan

1011 Centennial Boulevard
Suite B
Hays, Kansas 67601
ATTN:

Krebs S-1

Job Ticket: 18245

DST#: 1

Test Start: 2014.02.17 @ 00:34:00

GENERAL INFORMATION:

Formation: **Pawnee/Fort Scott**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 02:40:30

Time Test Ended: 05:18:30

Test Type: Conventional Bottom Hole (Initial)

Tester: Ken Swinney

Unit No: 3325 Scott City/50

Interval: 4243.00 ft (KB) To 4276.00 ft (KB) (TVD)

Reference Elevations: 2765.00 ft (KB)

Total Depth: 4276.00 ft (KB) (TVD)

2758.00 ft (CF)

Hole Diameter: 7.80 inches Hole Condition: Poor

KB to GR/CF: 7.00 ft

Serial #: 6749

Inside

Press@RunDepth: 49.54 psig @ 4272.00 ft (KB)

Capacity: 5000.00 psig

Start Date: 2014.02.17

End Date:

2014.02.17

Last Calib.:

2014.02.17

Start Time: 00:34:00

End Time:

05:18:30

Time On Btm:

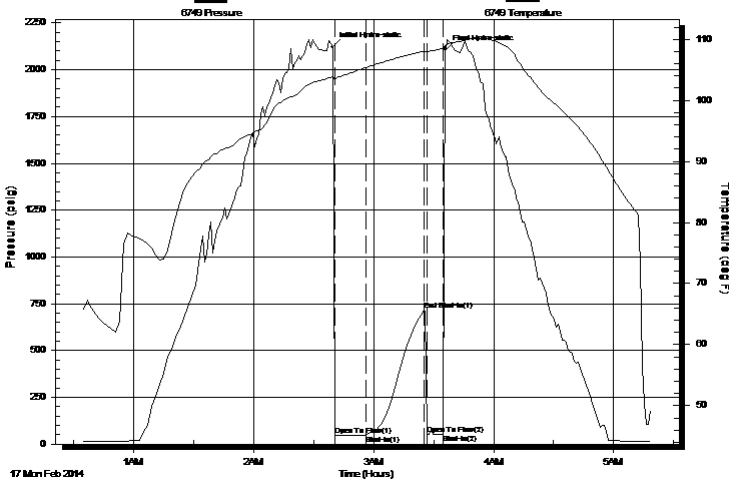
2014.02.17 @ 02:39:30

Time Off Btm:

2014.02.17 @ 03:36:00

TEST COMMENT: 1ST Open 15 Minutes/Weak blow /Blow built to 1/8 inch in bucket of diesel
1ST Shut In 30 Minutes/No blow back
2ND Open 10 Minutes/Dead no blow /Flush tool no help/Pull test

Pressure vs. Time



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2121.57	103.85	Initial Hydro-static
1	46.81	103.31	Open To Flow (1)
17	49.54	105.35	Shut-In(1)
46	715.75	108.01	End Shut-In(1)
47	50.74	107.98	Open To Flow (2)
55	53.75	108.49	Shut-In(2)
57	2107.64	109.09	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
15.00	Mud 100%	0.07

Gas Rates

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



DRILL STEM TEST REPORT

Black Tea Oil LLC

26/14S/32W/Logan

1011 Centennial Boulevard
Suite B
Hays, Kansas 67601
ATTN:

Krebs S-1

Job Ticket: 18245

DST#: 1

Test Start: 2014.02.17 @ 00:34:00

GENERAL INFORMATION:

Formation: **Pawnee/Fort Scott**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 02:40:30

Time Test Ended: 05:18:30

Test Type: Conventional Bottom Hole (Initial)

Tester: Ken Swinney

Unit No: 3325 Scott City/50

Interval: 4243.00 ft (KB) To 4276.00 ft (KB) (TVD)

Reference Elevations: 2765.00 ft (KB)

Total Depth: 4276.00 ft (KB) (TVD)

2758.00 ft (CF)

Hole Diameter: 7.80 inches Hole Condition: Poor

KB to GR/CF: 7.00 ft

Serial #: 8938 Outside

Press@RunDepth: 720.78 psig @ 4273.00 ft (KB)

Capacity: 5000.00 psig

Start Date: 2014.02.17

End Date: 2014.02.17

Last Calib.: 2014.02.17

Start Time: 00:34:00

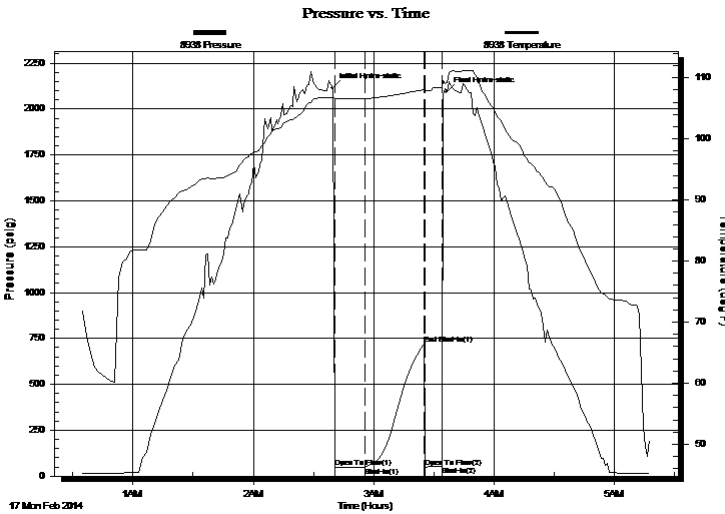
End Time: 05:18:00

Time On Btm: 2014.02.17 @ 02:39:30

Time Off Btm: 2014.02.17 @ 03:36:30

TEST COMMENT: 1ST Open 15 Minutes/Weak blow /Blow built to 1/8 inch in bucket of diesel
1ST Shut In 30 Minutes/No blow back
2ND Open 10 Minutes/Dead no blow /Flush tool no help/Pull test

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2115.56	106.76	Initial Hydro-static
1	47.12	106.60	Open To Flow (1)
16	49.41	106.61	Shut-In(1)
46	720.78	108.03	End Shut-In(1)
46	50.38	107.85	Open To Flow (2)
55	53.55	108.46	Shut-In(2)
57	2094.76	109.30	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
15.00	Mud 100%	0.07

Gas Rates

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



DRILL STEM TEST REPORT

TOOL DIAGRAM

Black Tea Oil LLC

26/14S/32W/Logan

1011 Centennial Boulevard
Suite B
Hays, Kansas 67601
ATTN:

Krebs S-1

Job Ticket: 18245

DST#: 1

Test Start: 2014.02.17 @ 00:34:00

Tool Information

Drill Pipe:	Length: 4215.00 ft	Diameter: 3.80 inches	Volume: 59.13 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: 30.00 ft	Diameter: 2.25 inches	Volume: 0.15 bbl	Weight to Pull Loose: 98000.00 lb
			<u>Total Volume: 59.28 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	22.00 ft			String Weight: Initial 60000.00 lb
Depth to Top Packer:	4243.00 ft			Final 60000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	33.00 ft			
Tool Length:	53.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments: Shale packer used

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Shut-In Tool	5.00			4228.00	
Hydraulic tool	5.00			4233.00	
Top Packer	5.00			4238.00	
Packer	5.00			4243.00	20.00 Bottom Of Top Packer
Anchor	28.00			4271.00	
Recorder	1.00	6749	Inside	4272.00	
Recorder	1.00	8938	Outside	4273.00	
Bullnose	3.00			4276.00	33.00 Anchor Tool

Total Tool Length: 53.00



DRILL STEM TEST REPORT

FLUID SUMMARY

Black Tea Oil LLC

26/14S/32W/Logan

1011 Centennial Boulevard
 Suite B
 Hays, Kansas 67601
 ATTN:

Krebs S-1

Job Ticket: 18245

DST#: 1

Test Start: 2014.02.17 @ 00:34:00

Mud and Cushion Information

Mud Type: Polymer	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 56.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.00 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 5000.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
15.00	Mud 100%	0.074

Total Length: 15.00 ft Total Volume: 0.074 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

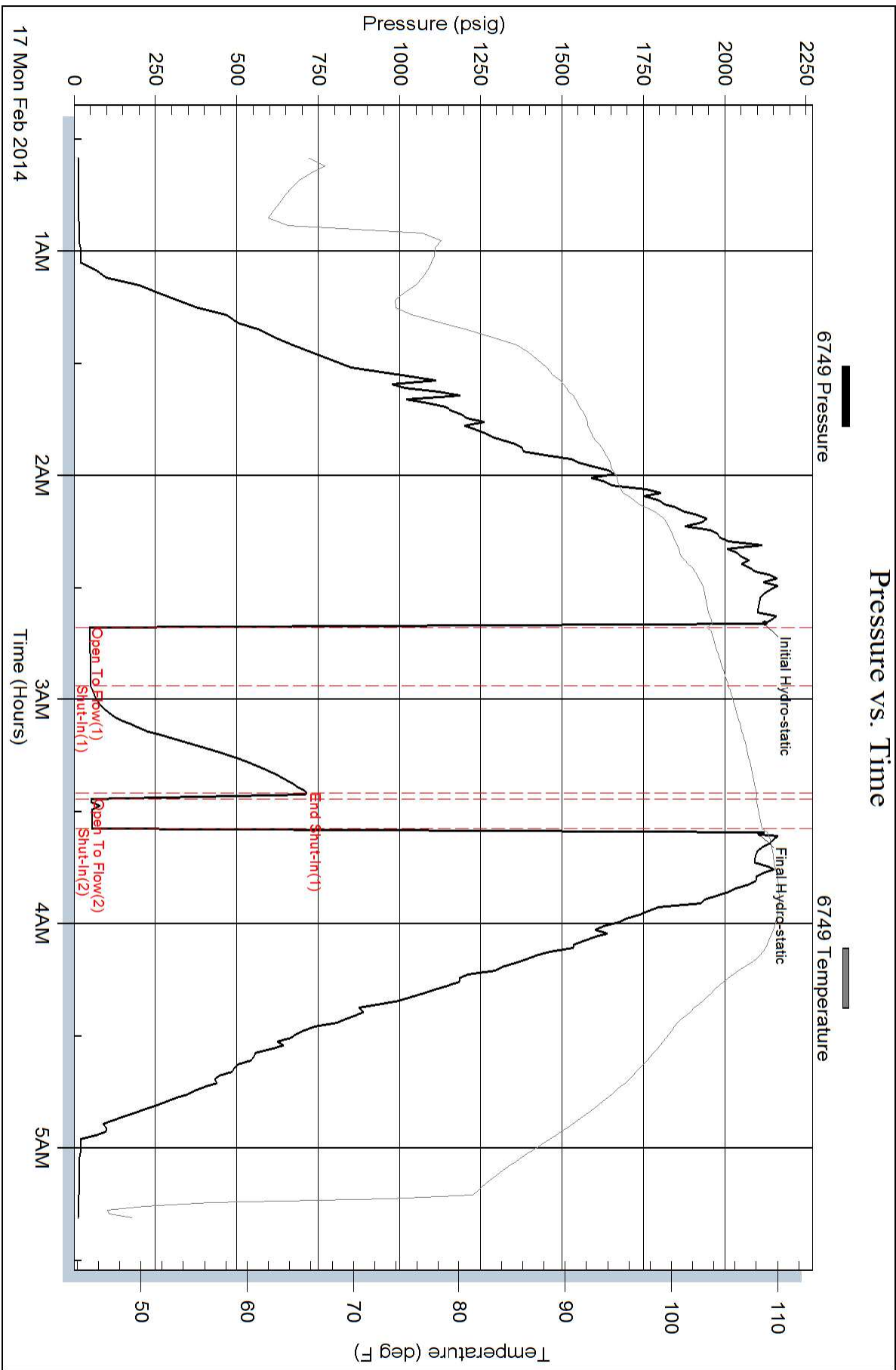
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Inside

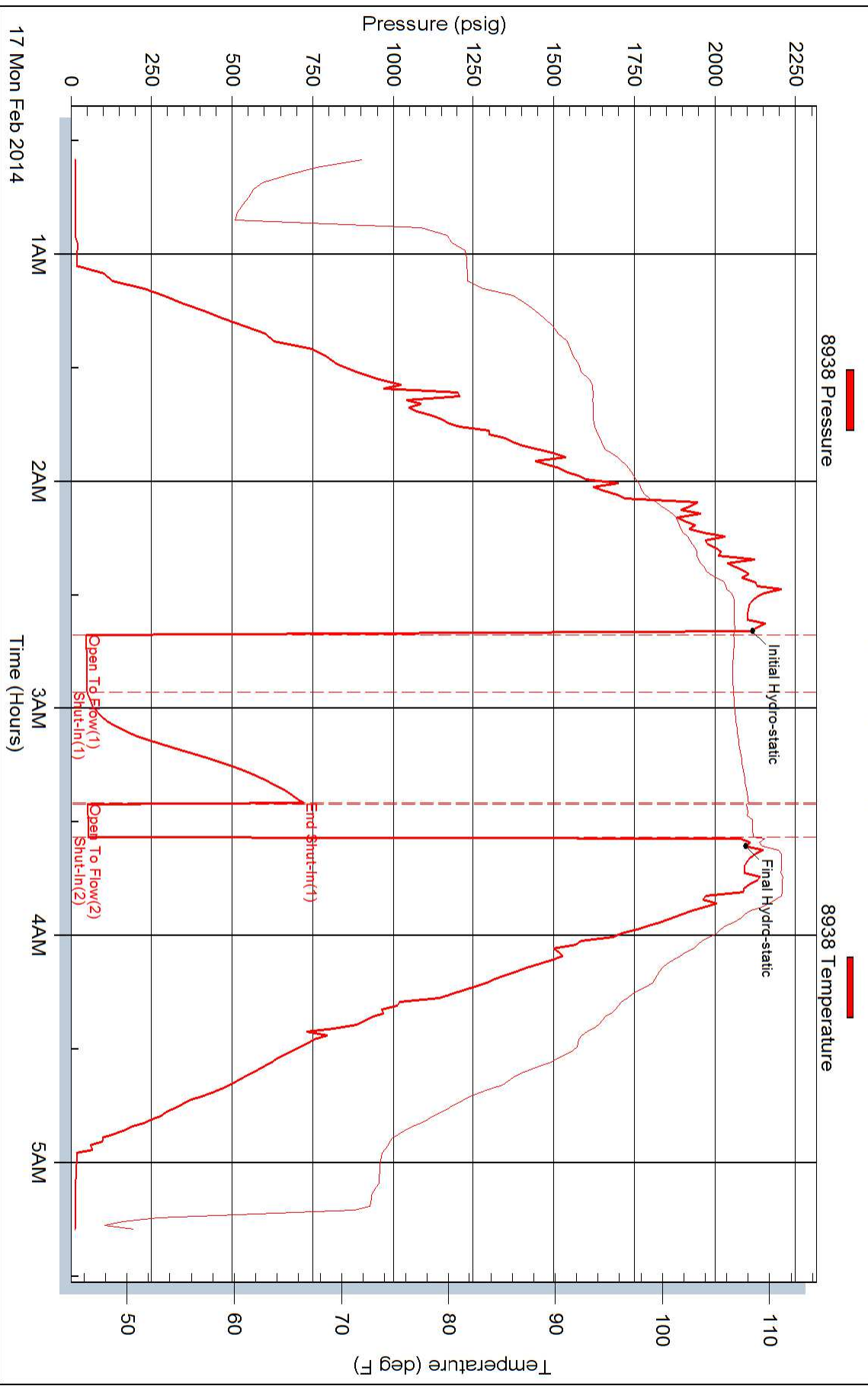
Black Tea Oil LLC

Krebs S-1

DST Test Number: 1



Pressure vs. Time





DRILL STEM TEST REPORT

Prepared For: **Black Tea Oil LLC**

1011 Centennial Boulevard
Suite B
Hays, Kansas 67601

ATTN:

Krebs S-1

26/14S/32W/Logan

Start Date: 2014.02.17 @ 14:40:00

End Date: 2014.02.17 @ 20:35:30

Job Ticket #: 18246 DST #: 2

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

Printed: 2014.02.17 @ 23:20:32



DRILL STEM TEST REPORT

Black Tea Oil LLC

26/14S/32W/Logan

1011 Centennial Boulevard
Suite B
Hays, Kansas 67601
ATTN:

Krebs S-1

Job Ticket: 18246

DST#: 2

Test Start: 2014.02.17 @ 14:40:00

GENERAL INFORMATION:

Formation: **Morrow/Mississippi**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 16:47:30

Time Test Ended: 20:35:30

Test Type: Conventional Bottom Hole (Initial)

Tester: Ken Swinney

Unit No: 3325 Scott City/50

Interval: 4366.00 ft (KB) To 4420.00 ft (KB) (TVD)

Reference Elevations: 2765.00 ft (KB)

Total Depth: 44420.00 ft (KB) (TVD)

2758.00 ft (CF)

Hole Diameter: 7.80 inches Hole Condition: Poor

KB to GR/CF: 7.00 ft

Serial #: 6749

Inside

Press@RunDepth: 87.99 psig @ 4416.00 ft (KB)

Capacity: 5000.00 psig

Start Date: 2014.02.17

End Date: 2014.02.17

Last Calib.: 2014.02.17

Start Time: 14:40:00

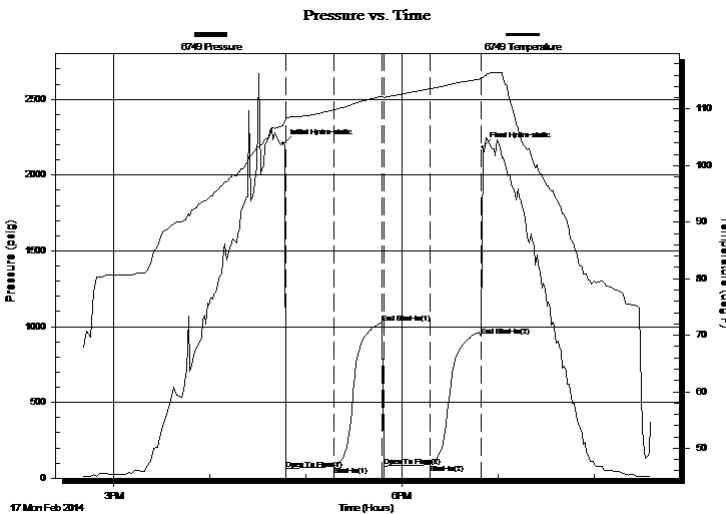
End Time: 20:35:30

Time On Btm: 2014.02.17 @ 16:46:00

Time Off Btm: 2014.02.17 @ 18:50:30

TEST COMMENT: 1ST Open 30 Minutes/Fair blow/Blow built to 7 inches
1ST Shut In 30 Minutes/Blow back built to 1 1/2 inch
2ND Open 30 Minutes/Good blow /Blow built to bottom of bucket in 28 minutes
2ND Shut In 30 Minutes/Blow back built to 1/2 inch

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2207.09	107.67	Initial Hydro-static
2	61.09	108.21	Open To Flow (1)
32	75.35	109.87	Shut-In(1)
62	1024.95	112.25	End Shut-In(1)
63	75.07	112.08	Open To Flow (2)
92	87.99	113.58	Shut-In(2)
124	940.50	115.33	End Shut-In(2)
125	2186.87	115.63	Final Hydro-static

Recovery

Gas Rates

Length (ft)	Description	Volume (bbl)
0.00	150 feet of gas in pipe	0.00
60.00	Oily Mud/Oil 10%/Mud 90%	0.57
30.00	Clean gassy Oil/Gas 10% Oil 90%	0.42

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



DRILL STEM TEST REPORT

Black Tea Oil LLC

26/14S/32W/Logan

1011 Centennial Boulevard
Suite B
Hays, Kansas 67601
ATTN:

Krebs S-1

Job Ticket: 18246

DST#: 2

Test Start: 2014.02.17 @ 14:40:00

GENERAL INFORMATION:

Formation: **Morrow/Mississippi**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 16:47:30

Time Test Ended: 20:35:30

Test Type: Conventional Bottom Hole (Initial)

Tester: Ken Swinney

Unit No: 3325 Scott City/50

Interval: 4366.00 ft (KB) To 4420.00 ft (KB) (TVD)

Reference Elevations: 2765.00 ft (KB)

Total Depth: 44420.00 ft (KB) (TVD)

2758.00 ft (CF)

Hole Diameter: 7.80 inches Hole Condition: Poor

KB to GR/CF: 7.00 ft

Serial #: 8938

Outside

Press@RunDepth: 943.10 psig @ 4417.00 ft (KB)

Capacity: 5000.00 psig

Start Date: 2014.02.17

End Date: 2014.02.17

Last Calib.: 2014.02.17

Start Time: 14:40:00

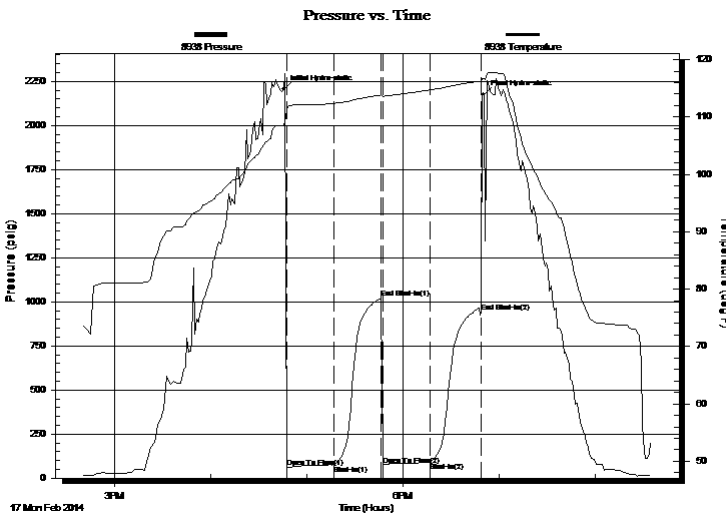
End Time: 20:34:30

Time On Btm: 2014.02.17 @ 16:45:30

Time Off Btm: 2014.02.17 @ 18:50:30

TEST COMMENT: 1ST Open 30 Minutes/Fair blow/Blow built to 7 inches
1ST Shut In 30 Minutes/Blow back built to 1 1/2 inch
2ND Open 30 Minutes/Good blow /Blow built to bottom of bucket in 28 minutes
2ND Shut In 30 Minutes/Blow back built to 1/2 inch

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2204.05	108.57	Initial Hydro-static
2	62.38	111.14	Open To Flow (1)
32	75.24	112.37	Shut-In(1)
62	1022.39	113.82	End Shut-In(1)
62	73.20	113.59	Open To Flow (2)
92	88.13	114.71	Shut-In(2)
124	943.10	116.25	End Shut-In(2)
125	2176.21	116.62	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	150 feet of gas in pipe	0.00
60.00	Oily Mud/Oil 10%/Mud 90%	0.57
30.00	Clean gassy Oil/Gas 10% Oil 90%	0.42

Gas Rates

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



DRILL STEM TEST REPORT

TOOL DIAGRAM

Black Tea Oil LLC

26/14S/32W/Logan

1011 Centennial Boulevard
Suite B
Hays, Kansas 67601
ATTN:

Krebs S-1

Job Ticket: 18246

DST#: 2

Test Start: 2014.02.17 @ 14:40:00

Tool Information

Drill Pipe:	Length: 4334.00 ft	Diameter: 3.80 inches	Volume: 60.79 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: 30.00 ft	Diameter: 2.25 inches	Volume: 0.15 bbl	Weight to Pull Loose: 110000.0 lb
			<u>Total Volume: 60.94 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	25.00 ft			String Weight: Initial 60000.00 lb
Depth to Top Packer:	4366.00 ft			Final 60000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	54.00 ft			
Tool Length:	81.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments: 2 Shale packers used
Damaged 1 Shale packer

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Shut-In Tool	5.00			4344.00	
Hydraulic tool	5.00			4349.00	
Jars	5.00			4354.00	
Safety Joint	2.00			4356.00	
Top Packer	5.00			4361.00	
Packer	5.00			4366.00	27.00 Bottom Of Top Packer
Anchor	49.00			4415.00	
Recorder	1.00	6749	Inside	4416.00	
Recorder	1.00	8938	Outside	4417.00	
Bullnose	3.00			4420.00	54.00 Anchor Tool
Total Tool Length:	81.00				



DRILL STEM TEST REPORT

FLUID SUMMARY

Black Tea Oil LLC

26/14S/32W/Logan

1011 Centennial Boulevard
Suite B
Hays, Kansas 67601
ATTN:

Krebs S-1

Job Ticket: 18246

DST#: 2

Test Start: 2014.02.17 @ 14:40:00

Mud and Cushion Information

Mud Type: Polymer	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 53.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.80 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 4000.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	150 feet of gas in pipe	0.000
60.00	Oily Mud/Oil 10%/Mud 90%	0.568
30.00	Clean gassy Oil/Gas 10% Oil 90%	0.421

Total Length: 90.00 ft Total Volume: 0.989 bbl

Num Fluid Samples: 0

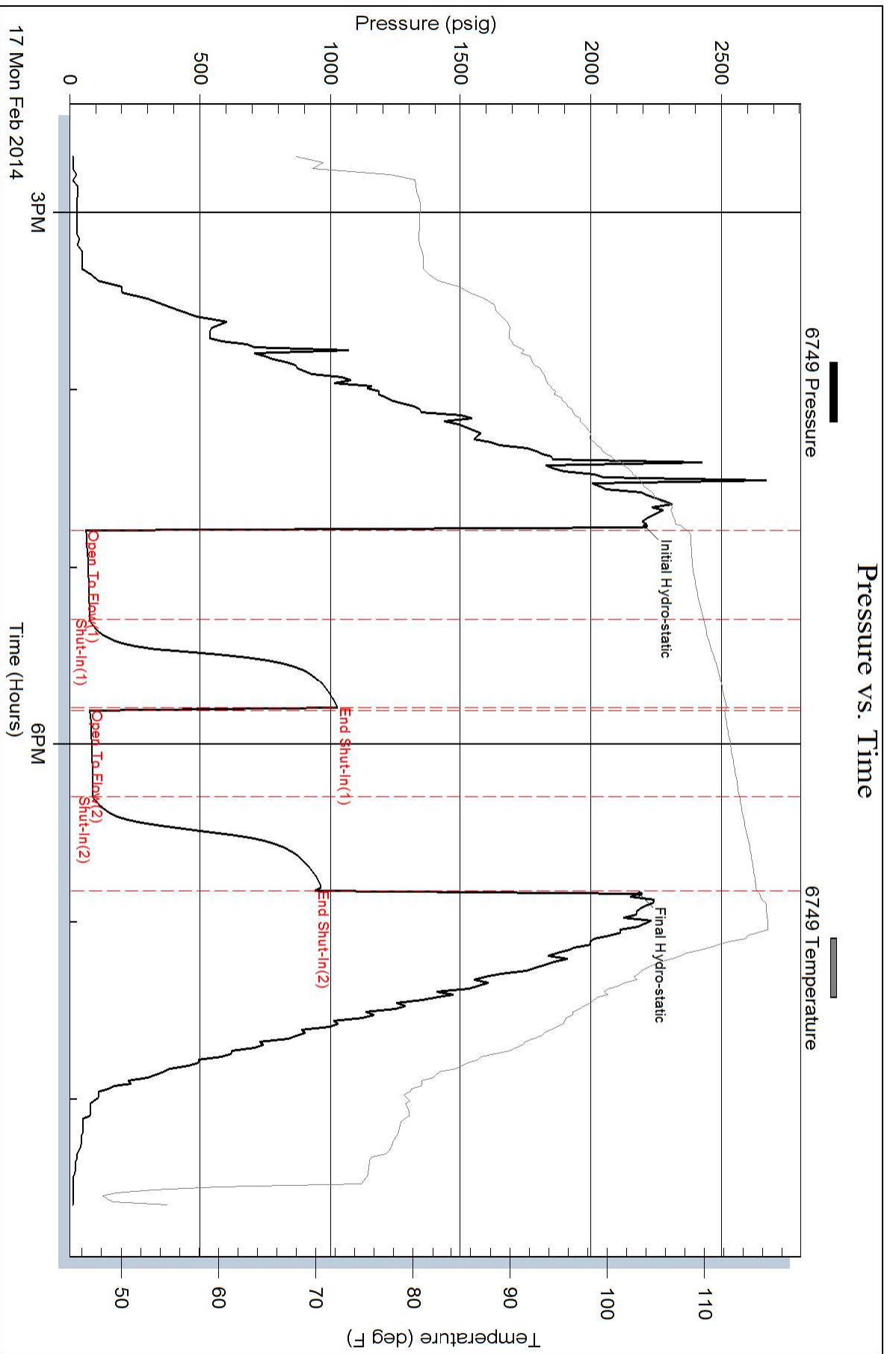
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

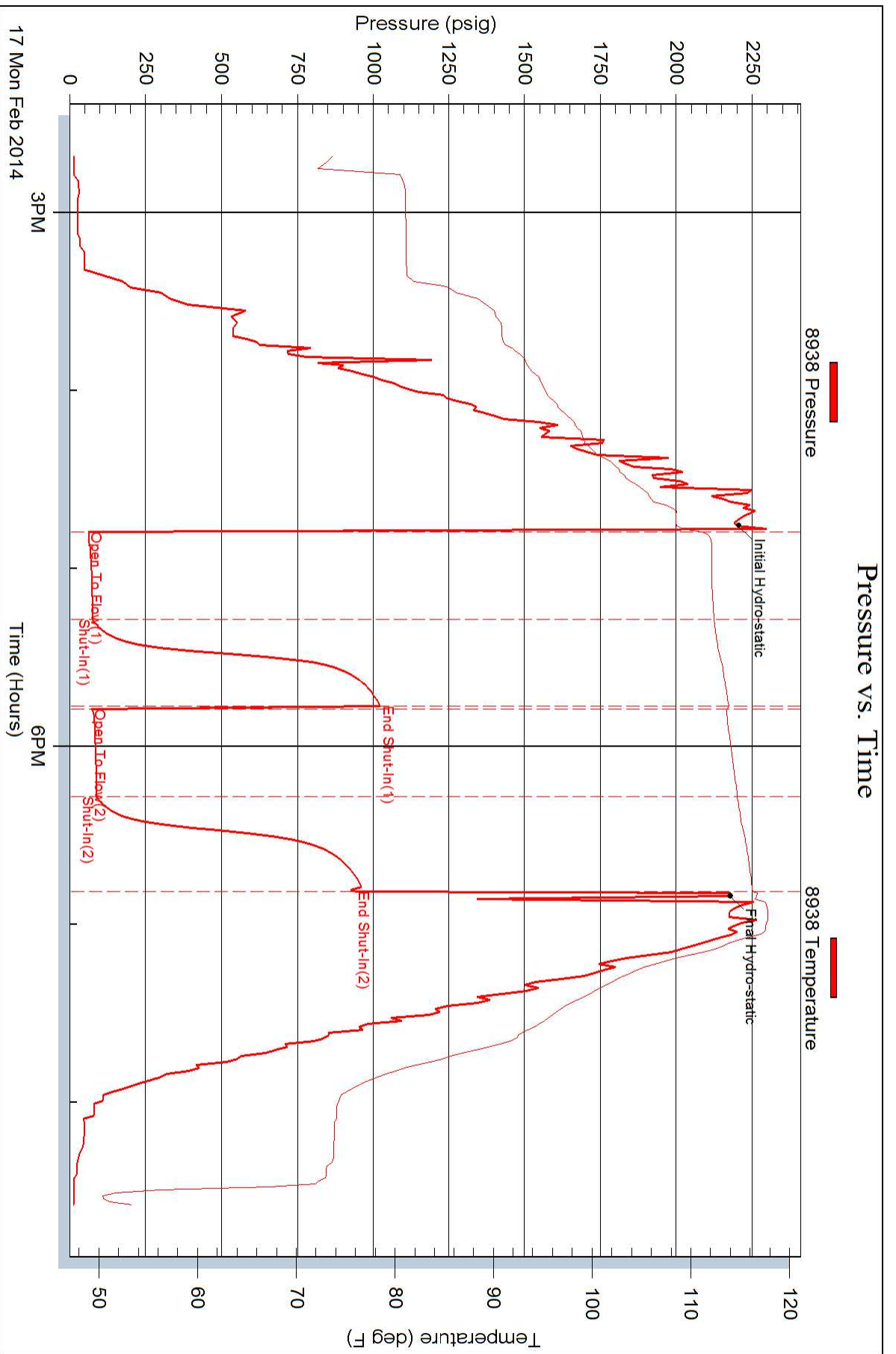


Serial #: 8938

Outside Black Tea Oil LLC

Krebs S-1

DST Test Number: 2



Superior Testers Enterprises LLC

Ref. No: 18246

Printed: 2014.02.17 @ 23:20:33