



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: <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 S3

RTD 4575

LTD 4532

Port Collar 2153 320 sks

Perfs

Morrow	4404-08, 4388-02, 4382-86	2250 gal 15% INS
Johnsons	4366-72, 4360-62, 4352-56, 4343-48	3000gal 15% INS
Cherokee	4318-22	1500 gal 15% INS
Altamont	4214-22	1500 gal 15% INS
Marmaton	4130-34	1500 gal 15% INS

Summary of Changes

Lease Name and Number: Krebs S 3

API/Permit #: 15-109-21264-00-00

Doc ID: 1249497

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
CasingPurposeOfString PDF_1	SURFACE	Surface
CasingPurposeOfString PDF_2	PRODUCTION	Production
CasingSettingDepthPDF F_1	250	263
CasingSettingDepthPDF F_2	4450	4562
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement Circulated From		2153
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
Kelly Bushing Elevation	2755	2757
Method Of Completion - Commingled	No	Yes
Multiple Stage Cementing Collar Depth	2100	2153
Perf_Record_1		see attached report
Plug Back Total Depth	4450	4532
Producing Formation	KANSAS CITY / JOHNSON	see attached report
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1202190	../../../../kcc/detail/operatorEditDetail.cfm?docID=1249497
TopsDatum1	-1307	-1625
TopsDatum2		-1586
TopsDatum3		-1561
TopsDatum4		-1457
TopsDatum5		-1373

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsDepth1	4062	4382
TopsDepth2		4343
TopsDepth3		4318
TopsDepth4		4214
TopsDepth5		4130
TopsName1	KANSAS CITY	morrow
TopsName2		johnson
TopsName3		cherokee
TopsName4		altamont
TopsName5		marmaton
Total Depth	4450	4575

Summary of Attachments

Lease Name and Number: Krebs S 3

API: 15-109-21264-00-00

Doc ID: 1249497

Correction Number: 1

Attachment Name



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1202190
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: _____

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Elevation: Ground: _____ Kelly Bushing: _____

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(Data must be collected from the Reserve Pit)

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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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1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
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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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CONSOLIDATED
Oil Well Services, LLC

266811

TICKET NUMBER 44635
LOCATION Oakley, KS
FOREMAN Miles Shaw

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												
3-20-14	5007	Krebs S 3	26	14S	32W	Logan												
CUSTOMER <u>Black Tea Oil</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>456718</td> <td>Jordan</td> <td></td> <td></td> </tr> <tr> <td>397</td> <td>J. Kelly</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	456718	Jordan			397	J. Kelly		
TRUCK #	DRIVER	TRUCK #	DRIVER															
456718	Jordan																	
397	J. Kelly																	
MAILING ADDRESS			Oakley South to Riv East into 10 to fence East 1/2 mile S. to Riv															
CITY	STATE	ZIP CODE																

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 263' CASING SIZE & WEIGHT 8 7/8 23'
 CASING DEPTH 263' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.36 WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 15 1/2 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting and rig up on Landmark drilling rig #5 Circulate casing mix 180 SMS Class A Cement with 3% calcium 2% gel dispore 15 1/2 bbls Water Shut in Cement did circulate 4 bbls to pit

Thanks Miles & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
3401S	1	PUMP CHARGE	1150. ⁰⁰	1150. ⁰⁰
5406	20	MILEAGE	5.25	105. ⁰⁰
5407	8.5 Tons	Ton mileage delivery	430. ⁰⁰	430. ⁰⁰
1102	507 #	Calcium Chloride	.94	476.58
1104S	180 SMS	Class A Cement	18.55	3339. ⁰⁰
1118B	338 #	Bentonite gel	27	91.26
			Subtotal	5591.84
			less 10% discount	559.18
			Subtotal	5032.66
			SALES TAX	268.98
			ESTIMATED TOTAL	5301.64

completed

Revin 3737 AUTHORIZATION Marin 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 fo

ALLIED OIL & GAS SERVICES, LLC 062525

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Oakley, KS

DATE <u>3-25-14</u>	SEC <u>26</u>	TWP <u>14</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION <u>11:30am</u>	JOB START <u>3:00pm</u>	JOB FINISH <u>4:00pm</u>
LEASE <u>Krebs</u>	WELL # <u>3</u>	LOCATION <u>Oakley, 21 S, Eunito</u>		COUNTY <u>Logan</u>	STATE <u>KS</u>		
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Landmark
 TYPE OF JOB Production (Port Collar)
 HOLE SIZE 7 7/8 T.D. 4575'
 CASING SIZE 5 1/2 DEPTH 4562'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL port collar DEPTH 2171'
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 17.81
 CEMENT LEFT IN CSG. 12.81'
 PERFS.
 DISPLACEMENT 108.1 bbl

OWNER same
 CEMENT
 AMOUNT ORDERED 230 gals ASC 102 salt
2 gals 5 # gilsonite
12.661 Superflush

EQUIPMENT
 PUMP TRUCK CEMENTER Lakene Salente
 # 431 HELPER Kelby Gabel
 BULK TRUCK
 # 818/287 DRIVER Cory Brown
 BULK TRUCK
 # DRIVER

COMMON	@		
POZMIX	@		
GEL	<u>1518</u>	@ <u>23.45</u>	<u>9360</u>
CHLORIDE	@		
ASC	<u>230 gals</u>	@ <u>20.90</u>	<u>4809.00</u>
	@		
<u>Salt</u>	<u>24710</u>	@ <u>26.35</u>	<u>632.40</u>
	@		
<u>gilsonite</u>	<u>1150*</u>	@ <u>.98</u>	<u>1127.00</u>
	@		
<u>Superflush</u>	<u>12.661</u>	@ <u>58.75</u>	<u>754.40</u>
	@		
	@		
HANDLING	<u>2763 FT</u>	@ <u>2.40</u>	<u>729.20</u>
MILEAGE	<u>12.84 hrs x 21 x</u>	<u>2.60</u>	<u>781.06</u>
TOTAL			<u>8774.66</u>

REMARKS:
Break Circulation Pump ball through 0 #.
Mix Superflush, Plug Ret. 350 lbs.
Mix 200 gals down casing, Displace
with water, Land plug 200 #.

SERVICE

DEPTH OF JOB	<u>4562'</u>		
PUMP TRUCK CHARGE			
EXTRA FOOTAGE	@	<u>2763.75</u>	
MILEAGE	<u>MITHU 21</u>	@ <u>2.70</u>	<u>166.90</u>
MANIFOLD	<u>head</u>	@	<u>275.00</u>
MILV	<u>21</u>	@ <u>4.40</u>	<u>92.40</u>
	@		
TOTAL			<u>3294.85</u>

CHARGE TO: Black Tea
 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.

PLUG & FLOAT EQUIPMENT

<u>Port Collar</u>		<u>3590.00</u>	
<u>AFU Float Shoe</u>	@	<u>545.00</u>	
<u>Latchdown plug</u>	@	<u>660.00</u>	
<u>(S) Turboliners</u>	@	<u>95.00</u>	<u>760.00</u>
<u>(D) Baskets</u>	@	<u>995.00</u>	<u>2765.00</u>
	@		
TOTAL			<u>8320.00</u>

PRINTED NAME _____
 SIGNATURE John W. Long

SALES TAX (If Any) _____
 TOTAL CHARGES 20,409.51
 DISCOUNT 2,417.90 IF PAID IN 30 DAYS
17,991.60 Net