CORRECTION #1

Kansas Corporation Commission Confidentiality Requested: OIL & GAS CONSERVATION DIVISION

Yes No

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

#### **WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City:	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
□ Oil         □ WSW         □ SWD         □ SIOW           □ Gas         □ D&A         □ ENHR         □ SIGW	Elevation: Ground: Kelly Bushing:
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Demot #	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	Location of fluid disposal if fladied offsite.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R
Recompletion Date Recompletion Date	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:

1249510 CORRECTION #1

Operator Name:				Lease N	Name: _			Well #:		
Sec Twp	S. R	East	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres o surface test, along	sures, whethe with final cha	er shut-in pre art(s). Attach	essure reac n extra shee	hed stati t if more	c level, hydrosta space is neede	itic pressures, bot d.	tom hole temp	erature, fluid re	ecovery,
Final Radioactivity Lo files must be submitte						ogs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital electr	ronic log
Drill Stem Tests Taker (Attach Additional		Yes	☐ No				on (Top), Depth ar		Sampl	
Samples Sent to Geo	logical Survey	Yes	□No		Nam	е		Тор	Datum	1
Cores Taken Electric Log Run		☐ Yes ☐ Yes	☐ No ☐ No							
List All E. Logs Run:										
				RECORD	Ne					
	2	1				ermediate, product		T	I	
Purpose of String	Size Hole Drilled		Casing n O.D.)	Weig Lbs. /		Setting Depth	Type of Cement	# Sacks Used	Type and Pe Additive	
			ADDITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of	Cement	# Sacks	Used		Type and F	ercent Additives		
Perforate Protect Casing	100 20111111									
Plug Back TD Plug Off Zone										
1 lug 0 li 20 lio										
Did you perform a hydrau	ulic fracturing treatment	on this well?				Yes	No (If No, ski	ip questions 2 ar	nd 3)	
Does the volume of the t							= :	p question 3)		
Was the hydraulic fractur	ring treatment information	on submitted to	the chemical	disclosure re	gistry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot		ION RECORD Footage of Eac					cture, Shot, Cement			epth
	open,					,,				
TUBING RECORD:	Size:	Set At:		Packer A	t:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or Ef	NHR.   F	Producing Met	hod: Pumpin	a $\square$	Gas Lift 0	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat			Gas-Oil Ratio	Gra	avity
	1									
	ON OF GAS:		en Hole	METHOD OF			mmingled	PRODUCTION	ON INTERVAL:	ļ
Vented Solo	I Used on Lease bmit ACO-18.)		en noie _	Perf.	(Submit		mmingled mit ACO-4)			

Form	ACO1 - Well Completion
Operator	Black Tea Oil, LLC
Well Name	Krebs W 1
Doc ID	1249510

## Tops

Name	Тор	Datum
mississippi	4368	-1642
morrow	4334	-1608
johnson	4284	-1558
cherokee	4246	-1520
ft scott	4200	-1474
pawnee	4160	-1434
altamont	4150	-1424
marmaton	4090	-1364

Form	ACO1 - Well Completion
Operator	Black Tea Oil, LLC
Well Name	Krebs W 1
Doc ID	1249510

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	23	263	COMMON	180	
Production	8.625	5.5	15.5	4490	COMMON	230	

Black Tea Oil

Krebs W

RTD 4490

LTD 4466

Port Collar 2122 430 sks

#### Perfs

Miss 4368-76 1000 gal 15% INS

Morrow 4334-60 3000 gal 15% INS

Johnson 4314-20, 4300-06, 4284-90 2500 gal 15% INS

Cherokee 4246-52 1500 gal 15% INS

FT Scott 4200-08

Pawnee 4160-70

Altamont 4150-56

Treated above with 4000 gal 15% INS

Marmaton 4090-4100 1500 gal 15% INS

## **Summary of Changes**

Lease Name and Number: Krebs W 1 API/Permit #: 15-109-21277-00-00

Doc ID: 1249510

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
CasingSettingDepthPD F_1	250	263
CasingSettingDepthPD F_2	4450	4490
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement		2122
Circulated From 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	450	430	
Cement Kelly Bushing Elevation	2724	2726	
Method Of Completion - Commingled	No	Yes	
Multiple Stage Cementing Collar Depth	2100	2122	
Perf_Record_1		see attached report	
Plug Back Total Depth	4450	4466	
Producing Formation	KANSAS CITY / JOHNSON	see attached report	
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12	//kcc/detail/operatorE ditDetail.cfm?docID=12	
TopsDatum1	02196 -1307	49510 Attached	
TopsDepth1	4031	Attached	
TopsName1	KANSAS CITY	Attached	
Total Depth	4450	4490	

## **Summary of Attachments**

Lease Name and Number: Krebs W 1

API: 15-109-21277-00-00

Doc ID: 1249510

Correction Number: 1

**Attachment Name** 



Confidentiality Requested:

Yes No

#### Kansas Corporation Commission Oil & Gas Conservation Division

1202196

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R 🔲 East 🗌 West
Address 2:	Feet from North / South Line of Section
City:	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)  Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW	Producing Formation:
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:
☐ OG ☐ GSW ☐ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content:ppm Fluid volume:bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West
Recompletion Date Recompletion Date	Countv: 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:	

KOLAR Document ID: 1202196

#### Page Two

Operator Name: _				Lease Name:			Well #:		
Sec Twp.	S. R.	E	ast West	County:					
	flowing and shu	ut-in pressures, v	vhether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,	
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log	
Drill Stem Tests Ta			Yes No			on (Top), Depth ar		Sample	
Samples Sent to 0	Geological Surv	/ey	Yes No	Na	me		Тор	Datum	
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No						
		B	CASING eport all strings set-c		New Used	ion, etc.			
Purpose of Strir		Hole illed	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
			ADDITIONAL	CEMENTING / SO	UEEZE RECORD				
Purpose:		epth T Bottom	ype of Cement	# Sacks Used		Type and F	Percent Additives		
Perforate Protect Casi Plug Back T									
Plug Off Zor									
Did you perform a     Does the volume     Was the hydraulic	of the total base f	fluid of the hydrauli		_	=	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,	
Date of first Product Injection:	tion/Injection or R	esumed Production	Producing Meth	nod:	Gas Lift 0	Other (Explain)			
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity	
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			DN INTERVAL: Bottom	
	Sold Used	I on Lease	Open Hole			mmingled mit ACO-4)	Тор	BOROTT	
,	,			B.11 B1					
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid,	Fracture, Shot, Cer (Amount and Kind	menting Squeeze I of Material Used)	Record	
TUBING RECORD:	: Size:	Set	Δ+-	Packer At:					
TODING RECORD:	. 3126.	Set	n.	i donei Al.					

Form	ACO1 - Well Completion			
Operator	Black Tea Oil, LLC			
Well Name	Krebs W 1			
Doc ID	1202196			

## Casing

Purpose Of String		Size Casing Set	Weight	Setting Depth			Type and Percent Additives
SURFACE	12.25	8.625	16	250	COMMON	180	
PRODUC TION	8.625	5.5	20	4450	COMMON	230	



267227

TICKET NUMBER	38171
LOCATION ON	Kley Ks
FOREMAN SCOT	VY

PO	Box	884,	Cha	nute,	KS	66720
620	_A31	-9210	10	RAC-	467-	2676

FIFLD TICKET & TREATMENT REPORT

20-431-9210 O	anute, KS 66720 r 800-467-8676			CEMEN'	Γ			K5
DATE	CUSTOMER#	WELL N	AME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
4-8-14	5007	Krebs	WHI	′	33	145	32W	Logan
USTOMER'	131 L	T		Oakleys	TRUCK#	DRIVER	TRUCK#	DRIVER
AILING ADDRES	es Plack	1 ea		20m 11/4	399	Cory D	TROCK#	DRIVER
ALINO ADDITE	00			Windows # 5				
ITY	İşt	ATE Z	IP CODE	Yan, Wis	566	Cody R		
11.1		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0052	Sinto				
OB TYPES	Sac Care HO	OLE SIZE /	244	_l HOLE DEPTH	274	CASING SIZE & V	VEIGHT 85/	24#
Company of the second s	262.92 DR			TUBING			OTHER	
LURRY WEIGHT		URRY VOL			c	CEMENT LEFT In	CASING_ 22	)′
	15 /466/ DIS	AND STREET STREET STREET	PSI	MIX PSI		RATE		
	Safty meetin			andmark :	46 break	circulation	with rias	tree hood
to Jouch	Smix 180	SKE	f com	CLESTA	coment ivi	th 3%colin	un cloride	and Ph
reference	a displace	J W 151	14861 C	esh weta	- x shet	in circula	tel anor	x 4661
to sit	- Uspiac	-5-//-				,	71	
o pir								
Com	en f nt	idas	^//	1.6	U SEMACE	رد.		
	100	00/	MG 1	2/2		1 han	KIM	U
				A   A   A   A   A   A   A   A   A   A	****	P	70	
						cpm	17th	Sp. 1
			(6)	-			10	100
ACCOUNT	QUANITY or	UNITS	DI	ESCRIPTION of	SERVICES or PR	RODUCT	UNIT PRICE	TOTAL
540/5	,	F	UMP CHAR	GE			11500	11500
5406	25	N	IILEAGE				5-25	13/25
	8.5		ton mil	enc deli	der	(min)	43000	43000
240/								
5407	0,0			0				
				0			1855	3339°
11045	190 5,1		con c	655 Ace	ment		1855	3539° 4775×
11045	190 SI	ks	con co	0	ment		1855	47752
11045	190 5,1	ks	con c	655 Ace	ment		1855	3339° 4775 9126
11045	190 SI	ks	con co	655 Ace	ment		1855	47752
11045	190 SI	ks	con co	655 Ace	ment		1855 94 32	9136
11045	190 SI	ks	con co	655 Ace	ment		1855 94 32	9136
11045	190 SI	ks	con co	655 Ace	ment		1855 94 22 54666 55/6666	47752 9136 5619 03 56190
11045	190 SI	ks	con co	655 Ace	ment		1855 94 32	9136
11045	190 SI	ks	con co	655 Ace	ment		1855 94 22 54666 55/6666	47752 9136 5619 03 56190
11045	190 SI	ks	con co	655 Ace	ment		1855 94 22 54666 55/6666	47752 9136 5619 03 56190
11045	190 SI	ks	con co	655 Ace	ment		1855 94 22 54666 55/6666	47752 9136 5619 03 56190
11045	190 SI	ks	con co	655 Ace	ment		1855 94 22 54666 55/6666	47752 9136 5619 03 56190
11045	190 SI	ks	con co	655 Ace	ment		1855 94 22 54666 55/6666	47752 9136 5619 03 56190
11045	190 SI	ks	con co	655 Ace	ment	/e	1855 94 22 Subhistal SS 1876disc.	47752 9136 5619 03 56190 5057-13
11045 1102 11/86	190 SI	ks	con co	655 Ace	ment	/e	1855 94 22 54666 55/6666	47752 9136 561903 56190 5057-15
11045	190 SI	ks	con con con contraction	655 Ace	ment	/e	18 5.5 94 22 5.6566 5.7665 5.4566	47752 9136 5619 03 56190

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 061344 Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999 SOUTHLAKE, TEXAS 76092	SERVICE POINT: Oakley US
2).	Oak we
DATE 4-13-14 SES TWP. 4 RANGE 32 C/	ON LOCATION JOB START JOB FINISH 6:00 p.m. 11:00 p.m. 12:00 g.m.
LEASE Krebs WELL# LOCATION Ogkle	22.5 W, 5, W, COUNTY STATE KS
( )   - 2 ( )	The state of the s
OLD OR NEW (Circle one) S, Einto	
CONTRACTOR Landmark 5,	OWNER Same
TYPEOFIOB Production (long string)	
HOLE SIZE 77/8 T.D. 1490*	CEMENT
CASING SIZE 5 1/z DEPTH 4490	AMOUNT ORDERED 230 SES ASC
TUBING SIZE DEPTH	10% salt, 5 g, krite, 2% gel,
TOOL PORT Glay DEPTH 2127	hofth occity
PRES. MAX MINIMUM	COMMON @
MEAS. LINE SHOE JOINT 21.08	POZMIX @
CEMENT LEFT IN CSG. 21.08	GEL 43KS @ 23.90 93.60
PERFS.	CHLORIDE @
DISPLACEMENT 106,3666 water	ASC 230 sts @20.90 4807.00
EQUIPMENT	501+ 24 sks @26,35 632,40
and Ave many in	C-44 108# @18.00 1949.00
PUMPTRUCK CEMENTER Paul ISKEWY	Gilson'te 1150# @ 198 1127,00
# 423/281 HELPER TO LOW Flipse	1921 @ 39.40 34.40 WFG-TV 1261 @ 5870 704.40
BULKTRUCK	WFR-TT 1261 @ 58.70 704.40
# 818/208 DRIVER Tran 1 (TWS)	
BULK TRUCK	@
# DRIVER Trevor Reed	HANDLING 294.03 C+3 @ 248 109.19
	MILEAGE 12.84 tonsy 2001 4 2 60 667. 68
REMARKS:	(2,147.93/20%) TOTAL 10,739.67
Run Pipe / Flood equip Drop ball Ball went	
Through shee @ 300 # Circ. I hr	SERVICE
My 30 sks in R.H., My 17 lb/ NFRIT	
avong 10 bbl KCL water, mix 200 sks	DEPTH OF JOB 4490
down casing, wish up into pit.	PUMP TRUCK CHARGE 3765.75
relase play displace of water, play	EXTRA FOOTAGE @
did and @1700 \$ , lift pressure 1000 \$	MILEAGE MIHV 20 @ 7.70 154.00
Frest aid hold	MANIFOLD Had @ 275.00
Thank 900 -	
	12227-1291
CHARGE TO: Black Tra	(638.95/202) TOTAL 3194.75
STREET	TOTAL SITE
CITYSTATEZIP	
CITTSTATEZIF	PLUG & FLOAT EQUIPMENT
ä	Port 6/2r @ 3590,00
	AFU Float shoe @ 545,00
To: Allied Oil & Gas Services, LLC.	Latertain plug Assy @ 660.00
You are hereby requested to rent cementing equipment	Restas 12 @ 395.00 4740.00
and furnish cementer and helper(s) to assist owner or	Curplians 8 @42.00 160.00
contractor to do work as is listed. The above work was	(0%) TOTAL 10,295.00
done to satisfaction and supervision of owner agent or	TOTAL TOTAL TOTAL
contractor. I have read and understand the "GENERAL	CALESTAY (If And
TERMS AND CONDITIONS" listed on the reverse side.	SALES TAX (If Any)
	TOTAL CHARGES 24, 229, 42
DDINTED NAME	DISCOUNT 2, 786.88 (203) IF PAID IN 30 DAYS
PRINTED NAME	DISCOUNT 2, 786.88 (203) IF PAID IN 30 DAYS
1.	d1, 44 d. 33 NET.
SIGNATURE Jeh h 7	And the second s
0	
	- LOW GAMMANY
	1000 August 1000 A