



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:
 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> _____	PRODUCTION INTERVAL: _____ _____
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Black Tea Oil

Krebs N2

LTD 4346

Port Collar 2048 325 sks

Perfs

Morrow 4286-90, 4274-81 1500 gal 15% INS

Ft Scott 4133-42 1500 gal 15% INS

Pawnee 4097-4106 2500 gal 15% INS

Altamont 4078-86 2500 gal 15% INS

Marmaton 4008-114 1500 gal 15% INS

L 3932-40

K 3898-3910

Treated L & K with 3000 gal 15% INS

C 3680-90

A 3652-60

Treated A & C with 3000 gal 15% INS

Summary of Changes

Lease Name and Number: Krebs N 2

API/Permit #: 15-109-21268-00-00

Doc ID: 1249419

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	250	253
Approved Date	08/05/2014	04/27/2015
CasingPurposeOfString PDF_1	SURFACE	Surface
CasingPurposeOfString PDF_2	PRODUCTION	Production
CasingSettingDepthPDF F_1	250	253
CasingSettingDepthPDF F_2	4500	4390
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement Circulated From		2048
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		325
Method Of Completion - Commingled	No	Yes
Multiple Stage Cementing Collar Depth	2100	2048
Perf_Record_1		see attached report
Plug Back Total Depth	4500	4346
Producing Formation	KANSAS CITY / JOHNSON	see attache report
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1216652	../../../../kcc/detail/operatorEditDetail.cfm?docID=1249419
TopsDatum1	-1307	-1615
TopsDatum2		-1474
TopsDatum3		-1438
TopsDatum4		-1419
TopsDatum5		-1319
TopsDatum6		-993

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsDepth1	3966	4274
TopsDepth2		4133
TopsDepth3		4097
TopsDepth4		4078
TopsDepth5		4008
TopsDepth6		3652
TopsName1	KANSAS CITY	morrow
TopsName2		ft scott
TopsName3		pawnee
TopsName4		altamont
TopsName5		marmaton
TopsName6		Kansas City
Total Depth	4500	4400

Summary of Attachments

Lease Name and Number: Krebs N 2

API: 15-109-21268-00-00

Doc ID: 1249419

Correction Number: 1

Attachment Name



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1216652
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: _____

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- Plug Back Conv. to GSW Conv. to Producer
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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)</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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ALLIED OIL & GAS SERVICES, LLC 062071

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Oakley ks

DATE <u>5-12-14</u>	SEC. <u>27</u>	TWP. <u>14</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION <u>3:30pm</u>	JOB START <u>4:30pm</u>	JOB FINISH <u>5pm</u>
LEASE <u>Krebs N</u>	WELL # <u>#2</u>	LOCATION <u>Oakley ks Hwy 83 S</u>			COUNTY <u>Logan</u>	STATE <u>ks</u>	
OLD OR NEW (Circle one)		<u>20 mi w/minutes</u>					

CONTRACTOR landmark #6 OWNER Same

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 265 ft CEMENT

CASING SIZE 8 3/8 DEPTH 253 AMOUNT ORDERED 180 sks Com 3% C

TUBING SIZE DEPTH 2 1/2 Gel

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15 ft

PERFS.

DISPLACEMENT 16 @ 6.61

EQUIPMENT

PUMP TRUCK CEMENTER Talon Jones

423 HELPER LaRene Wertz

BULK TRUCK

818 DRIVER Brandon Wilkinson

BULK TRUCK

DRIVER

COMMON 180 sks @ 17.20 3222.00

POZMIX @

GEL 3 sks @ 23.40 70.20

CHLORIDE 6 sks @ 64.00 384.00

ASC @

@

@

Material Total @ 3676.20

@

(735.24/20%)

@

@

@

HANDLING 194.64 call @ 2.48 482.76

MILEAGE 8.88 tank 20mi @ 2.60 461.76

TOTAL

REMARKS:

mix 180 sks @ 253 ft
cement did circulate

SERVICE

DEPTH OF JOB 265 ft

PUMP TRUCK CHARGE #1,512.25

EXTRA FOOTAGE @

MILEAGE N.V 20mi @ 7.70 154.00

MANIFOLD Surge @ 2.25.00

L.V 20mi @ 4.40 88.00

@

(594.71/20%) TOTAL 2,973.71

CHARGE TO: Black Tea

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

(0%) TOTAL _____

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 6,649.91

DISCOUNT 1,329.98 (20%) IF PAID IN 30 DAYS

5,319.92 Net.

PRINTED NAME Ranico maldonado

SIGNATURE Ranico maldonado



CHARGE TO: **Black Tea**
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET 26217
 PAGE 1 OF 2

WELL/PROJECT NO. #2 LEASE Krebs N COUNTY/PARISH Logans Co STATE KS DATE 17 MAY 14 OWNER
 TICKET TYPE CONTRACTOR SHIPPED VIA DELIVERED TO CITY OAKLEY
 SERVICE SALES RIG NAME/NO. #6
 WELL TYPE oil WELL CATEGORY Development JOB PURPOSE cement long string
 WELL PERMIT NO. 27-14-32
 INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT							
575		1			80	in			6.00	480.00
578		1		MILEAGE TRK 114	1.00				1500.00	1500.00
403		1		Pump Charge	52	in	3	ea	300.00	900.00
404		1		Cement Basket	52	in	1	ea	290.00	2900.00
406		1		Port Collar	52	in	1	ea	275.00	275.00
407		1		Catch down plug & baffle	52	in	1	ea	375.00	375.00
409		1		Inset float shoe w/ AUTO FILL	52	in	10	ea	90.00	900.00
				Turbolizer						

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.
 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED: 12:35 P.M. TIME SIGNED: [Signature]

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY
 OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? YES NO
 WE UNDERSTOOD AND MET YOUR NEEDS? YES NO
 OUR SERVICE WAS PERFORMED WITHOUT DELAY? YES NO
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? YES NO
 ARE YOU SATISFIED WITH OUR SERVICE? YES NO
 CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: 7330.00
 6768.80
 subtotal: 14,098.80
 LOGAN TAX 7.65% 817.48
 TOTAL: 14,916.28

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: [Signature] APPROVAL

SWIFT OPERATOR: [Signature]

Thank You!



PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 26217

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		TIME	DESCRIPTION	QTY.			UNIT PRICE	AMOUNT
		LOC	ACCT			UM	QTY.	UM		
325		1			STANDARD CONCRET (FOR ST-2)	230	sk		14.50	3335.00
284		1			Calseal	1100	lb	11	35.00	385.00
283		1			SALT	1200	lb		0.20	240.00
285		1			CFR-1	100	lb		4.50	450.00
276		1			flocele	50	lb		2.50	125.00
281		1			mud flush	500	gal	1	62.50	625.00
221		1			KCh liquid	2	gal		25.00	50.00
290		1			D-tie	3	gal		42.00	126.00
581		1			SERVICE CHARGE				200	470.00
583					MILEAGE CHARGE				1.00	962.80
					TOTAL WEIGHT	24070				
					LOADED MILES	80				
					CUBIC FEET	235				
					TON MILES	962.8				

CONTINUATION TOTAL 846.30

6768.80

JOB LOG

SWIFT Services, Inc.

DATE 17 May 14 PAGE NO.

CUSTOMER Black Tea WELL NO. #2 LEASE Krebs N JOB TYPE cement long string TICKET NO. 26217

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								230 sk EA-2 cement w/ 4" floater 105 jts 5 1/2" x 15.5" casing, 4390' shoe jt 4228 TD = 4400' port collar 2050 #56 Baskets 2, 12 Centralizer 1, 3, 4, 5, 7, 9, 11, 55, 57
	0700							on loc TRK 114
	0757							start 5 1/2" x 15.5" casing in well
	0956							Drop ball - circulate
	1100	3 1/2	12				200	Pump 50 gal mud flush
		3 1/2	20				200	Pump 20 bbl KCL flush
	1105		7					Plug RH 30 sk
	1110	3 1/2	47				200	MIX EA-2 cement 200 sk @ 15.3 ppg
								Drop batch down plug wash out Pump & lines
	1135	6 3/4					200	Displace plug
		5 3/4	95				800	
	1200	5 3/4	103				1500	Land plug
	1202							Release pressure to truck - Cried up
	1205							wash truck
								Rack up
								job complete
								Blank Blaine Flint & Isaac