



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 R7

RTD 4486

LTD 4457

Port Collar 2160 430 sks

Perfs

Morrow 4372-78, 4358-70

Johnsons 4336-42, 4320-26

Treated morrow and johnsons 4000 gal 15 % INS

Pawnee 4200-08 2000 gal 15% INS

Altamont 4186-94 2000 gal 15% INS

L 4036-44 squeezed off

J 3974-80 squeezed off

Summary of Changes

Lease Name and Number: Krebs R 7

API/Permit #: 15-109-21285-00-00

Doc ID: 1249477

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	250	264
Approved Date	08/04/2014	04/27/2015
CasingNumbSacksUsedPDF_1	180	175
CasingPurposeOfStringPDF_1	SURFACE	Surface
CasingPurposeOfStringPDF_2	PRODUCTION	Production
CasingSettingDepthPDF_1	250	264
CasingSettingDepthPDF_2	4500	4483
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement Circulated From		2160

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
If Alternate II Completion - Cement Circulated To		0
If Alternate II Completion - Sacks of Cement		430
Method Of Completion - Commingled	No	Yes
Multiple Stage Cementing Collar Depth	2100	2160
Perf_Record_1		see attached report
Plug Back Total Depth	400	4457
Producing Formation	KANSAS CITY / JOHNSON	see attached report
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1216638	../../../../kcc/detail/operatorEditDetail.cfm?docID=1249477
TopsDatum1	-1307	-1620
TopsDatum2		-1582
TopsDatum3		-1462
TopsDatum4		-1448
TopsDatum5		-1236

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsDepth1	4045	4358
TopsDepth2		4320
TopsDepth3		4200
TopsDepth4		4186
TopsDepth5		3974
TopsName1	KANSAS CITY	morrow
TopsName2		johnson
TopsName3		pawnee
TopsName4		altamont
TopsName5		Kansas City
Total Depth	4500	4486

Summary of Attachments

Lease Name and Number: Krebs R 7

API: 15-109-21285-00-00

Doc ID: 1249477

Correction Number: 1

Attachment Name



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1216638
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 # _____

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Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

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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.

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KCC Office Use ONLY

- Confidentiality Requested
Date: _____
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- Geologist Report Received
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- ALT I II III Approved by: _____ Date: _____

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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

267503

TICKET NUMBER 47644
LOCATION Oakley KS
FOREMAN Miles Shaw

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

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY												
4-18-14	5007	Krebs R #7	26	14S	32W	Logan												
CUSTOMER <u>Block Tea</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>528718</td> <td>Jeremy K</td> <td></td> <td></td> </tr> <tr> <td>397</td> <td>Lance R</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	528718	Jeremy K			397	Lance R		
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*Oakley KS
South of
1/2 mile North
of R. 26
1/2 E
S. 32 W*

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 264 CASING SIZE & WEIGHT 8 5/8 29 #
 CASING DEPTH 264 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.36 WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 15 1/2 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting and rig up on Landmark drilling rig #5 Circulate casing
Mix 175 SPS Class A Cement w/ 4% 3% Calcium 2% gel displace 15 1/2 bbls water
Shut in Cement did circulate 1 bbl top it

Thanks Miles & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1150. ⁰⁰	1150. ⁰⁰
5406	25	MILEAGE	5.25	131.25
5407	8.2 Tons	Ton mileage delivery	430. ⁰⁰	430. ⁰⁰
1102	493 #	Calcium Chloride	.94	463.42
1104.5	175 SPS	Class A Cement	18.55	3246.25
11188	329 #	Bentonite gel	27	88.83
			Subtotal	5509.75
			less 10% discount	550.98
			Subtotal	4958.77
			SALES TAX	261.53
			ESTIMATED TOTAL	5220.30

Completed

AUTHORIZATION [Signature] TITLE Driller 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 063396

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Oakley, Ky

DATE <u>4/23/14</u>	SEC. <u>26</u>	TWP. <u>14</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION	JOB START <u>8:30 AM</u>	JOB FINISH <u>9:00 AM</u>
LEASE <u>R</u>	WELL # <u>7</u>	LOCATION <u>Oakley Rd S E. Sinto</u>			COUNTY <u>Letcher</u>	STATE <u>Ky</u>	
<input checked="" type="radio"/> OLD OR <input type="radio"/> NEW (Circle one)							

CONTRACTOR Landmark
 TYPE OF JOB Prod.
 HOLE SIZE 2 7/8 T.D.
 CASING SIZE 5 1/2 DEPTH 4983
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL Port Collar DEPTH 2165
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 21.42
 CEMENT LEFT IN CSG. 21.42
 PERFS.
 DISPLACEMENT

OWNER Same

CEMENT

AMOUNT ORDERED <u>230 ASC 1090 Sulf</u>	
<u>290 gal 5th Gilsonite</u>	
<u>500 gal WFR II 1 gal 116 Pro</u>	
COMMON	@
POZMIX	@ <u>23.40</u> <u>93.50</u>
GEL <u>4</u>	@
CHLORIDE	@
<u>ASC ASC 230 SK</u>	@ <u>20.20</u> <u>4807.00</u>
<u>Sulf 24 SK</u>	@ <u>26.25</u> <u>632.40</u>
<u>Gilsonite 1150 lb</u>	@ <u>.98</u> <u>1132.00</u>
<u>WFR II 12 BBL</u>	@ <u>58.20</u> <u>704.40</u>
<u>KCI 1 gal</u>	@ <u>34.40</u> <u>34.40</u>
<u>Material Disposal</u>	@ <u>4.00</u> <u>139.00</u>
HANDLING <u>294.03 CF</u>	@ <u>2.10</u> <u>617.46</u>
MILEAGE <u>700/mile 12.85</u>	@ <u>700</u> <u>901.50</u>

EQUIPMENT

PUMP TRUCK # <u>423-281</u>	CEMENTER <u>Alan Ryan</u>
	HELPER <u>Kevin Ryan</u>
BULK TRUCK # <u>273</u>	DRIVER <u>Adam Flipse</u>
BULK TRUCK #	DRIVER

REMARKS:

Am. Co. Circulate mix WFR II mix 30 SK RH
Mix 200 SK Asc 1090 Sulf 5th Gilsonite 290 gal 5th
Working Disposal Plug in Well 120
W/ 1000 PSE WFR II Landmark Plug @ 2000 PSI

Material Disposal (1479.76/20%)
Service

Float Held

Frankie Alan Ryan

DEPTH OF JOB	
PUMP TRUCK CHARGE	<u>2765.25</u>
EXTRA FOOTAGE	@
MILEAGE	@ <u>7.20</u> <u>161.20</u>
MANIFOLD <u>Health</u>	@ <u>4.40</u> <u>275.20</u>
<u>Latrolite 21</u>	@ <u>4.40</u> <u>92.40</u>

CHARGE TO: Black Ten

STREET _____

CITY _____ STATE _____ ZIP _____

(945.13/20%) TOTAL 4,725.65

PLUG & FLOAT EQUIPMENT

<u>Port Collar</u>	@ <u>3590.00</u>	<u>3590.00</u>
<u>APU Float shoe</u>	@ <u>545.00</u>	<u>545.00</u>
<u>Latch down</u>	@ <u>660.00</u>	<u>660.00</u>
<u>Turbo Liner</u>	@ <u>95.00</u>	<u>760.00</u>
<u>Annulet</u>	@ <u>395.00</u>	<u>8295.00</u>

TOTAL 13,850.00

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 25,974.46
 DISCOUNT 2,424.89 (20%) IF PAID IN 30 DAYS

PRINTED NAME John L. Ryan

SIGNATURE _____

23,549.56 Net