Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

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: State: 2	Zip:+	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.xxxxxx) (e.gxxx.xxxxxx)
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	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ D&A ☐ ENHR☐ OG ☐ GSW	☐ SIGW	Total Vertical Depth: Plug Back Total Depth:
☐ OG ☐ GSW ☐ CM (Coal Bed Methane)	Temp. Abd.	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		
Deepening Re-perf. Conv. to I	<u>.</u>	Drilling Fluid Management Plan
	GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	_	Chloride content:ppm Fluid volume:bbls
		Dewatering method used:
		Downtoning motion dood.
		Location of fluid disposal if hauled offsite:
		Operator Name:
GSW Permit #:		Lease Name: License #:
Canad Data as Data Data LTD	Completion Data and	Quarter Sec Twp S. R
Spud Date or Date Reached TD Recompletion Date	Completion Date or 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

Confidentiality Requested:

Yes No

KCC Office Use ONLY						
Confidentiality Requested						
Date:						
Confidential Release Date:						
☐ Wireline Log Received						
Geologist Report Received						
UIC Distribution						
ALT I II Approved by: Date:						



CORRECTION #1

Operator Name: _ Lease Name: __ Well #: _ 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). No **Drill Stem Tests Taken** Yes Loa Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes No J Yes Cores Taken No Electric Log Run ___ Yes List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) Yes Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? No (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No Date of First, Resumed Production, SWD or ENHR. Producing Method: Gas Lift Flowing Pumping Other (Explain) **Estimated Production** Bbls. Oil Bbls Gas Mcf Water Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: DISPOSITION OF GAS: PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

Form	ACO1 - Well Completion			
Operator	Black Tea Oil, LLC			
Well Name	Krebs R 8			
Doc ID	1249482			

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	23	265	COMMON	180	
Production	8.625	5.5	15.5	4483	COMMON	230	

Black Tea Oil

Krebs R8

RTD 4482

LTD 4422

Port Collar 2142 450 sks

Perfs

Morrow 4362-82 1500 gal 15% INS Fract

Ft Scott 4226-32 1500 gal 15% INS

Pawnee 4205-08, 4190-94

Altamont 4173-78, 4134-44

Treated pawnee and Altamont with 6000 gal 15% INS

Marmaton 4082-90 1500 gal 15% INS

J 3963-70 3000 gal 15% INS

A 3732-40 1000 gal 15% INS

Summary of Changes

Lease Name and Number: Krebs R 8 API/Permit #: 15-109-21291-00-00

Doc ID: 1249482

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	250	265
Approved Date	08/05/2014	04/27/2015
CasingPurposeOfString PDF_1	SURFACE	Surface
CasingPurposeOfString PDF_2	PRODUCTION	Production
CasingSettingDepthPD F_1	250	265
CasingSettingDepthPD F_2	4500	4483
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement		2142
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
Cement Method Of Completion - Commingled	No	Yes
Multiple Stage Cementing Collar Depth	2100	2142
Perf_Record_1		see attached report
Plug Back Total Depth	4500	4422
Producing Formation	KANSAS CITY / JOHNSON	see attached report
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12	//kcc/detail/operatorE ditDetail.cfm?docID=12 49482
TopsDatum1	16663 -1307	-1646
TopsDatum2		-1510
TopsDatum3		-1474
TopsDatum4		-1418
TopsDatum5		-1366
TopsDatum6		-1016

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsDepth1	4023	4362
TopsDepth2		4226
TopsDepth3		4190
TopsDepth4		4134
TopsDepth5		4082
TopsDepth6		3732
TopsName1	KANSAS CITY	morrow
TopsName2		ft scott
TopsName3		pawnee
TopsName4		altamont
TopsName5		marmaton
TopsName6		kansas city
Total Depth	4500	4486

Summary of Attachments

Lease Name and Number: Krebs R 8

API: 15-109-21291-00-00

Doc ID: 1249482

Correction Number: 1

Attachment Name



Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1216663

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.xxxxxx)
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:
GSW Sigw Sigw 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)
	Chloride content:ppm Fluid volume:bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
	Quarter Sec TwpS. R
Spud Date or Date Reached TD Completion Date or 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 Approved by: Date:

KOLAR Document ID: 1216663

Page Two

Operator Name:					Lease Nam	ne:			Well #:	
Sec Tw	pS. F	R [East	West	County:					
open and closed and flow rates if	, flowing and sh gas to surface t ty Log, Final Lo	nut-in pressurest, along wit	es, whe h final c ain Geo	ther shut-in pre hart(s). Attach physical Data a	essure reached extra sheet if r and Final Electr	station more : ric Loc	level, hydrosta space is needed	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery, Digital electronic log
Drill Stem Tests (Attach Addit			Ye	es No		Lo	og Formatio	n (Top), Deptl	n and Datum	Sample
Samples Sent to	Geological Sur	vey	Ye	es 🗌 No		Name)		Тор	Datum
Cores Taken Electric Log Run Geologist Repor List All E. Logs F	t / Mud Logs		Y€ Y€	es No						
			Repo		RECORD [Nev	w Used rmediate, producti	on. etc.		
Purpose of St		ze Hole Orilled	Siz	e Casing (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	OF MENTING /					
Purpose:	[Depth	Typo	of Cement	# Sacks Use		EEZE RECORD	Typo a	nd Percent Additives	
Perforate Protect Ca Plug Back	Top	Bottom	туре	or cement	# Sacks Use	# Jacks Used		туре а		
Plug Off Z										
Did you perform Does the volum Was the hydraul	e of the total base	fluid of the hyd	draulic fra	cturing treatmen		•	Yes ns? Yes	No (If No	, skip questions 2 an , skip question 3) , fill out Page Three o	,
Date of first Produ	ction/Injection or	Resumed Produ	uction/	Producing Meth			Coolift 0	thor (Fundain)		
Estimated Produc	otion	Oil Bb	le.	Flowing Gas	Pumping Mcf	Wate		ther <i>(Explain)</i> bls.	Gas-Oil Ratio	Gravity
Per 24 Hours		Oli Bb	15.	Gas	IVICI	vvale	ı Di	JIS.	Gas-Oil Hallo	Gravity
DISPO	OSITION OF GAS	S:		N	METHOD OF CO	MPLE.	TION:		PRODUCTIO	N INTERVAL:
Vented	Sold Use	d on Lease		Open Hole		Dually		nmingled	Тор	Bottom
(If vente	ed, Submit ACO-18	.)			(5	SUDITIIL I	ACO-5) (Subi	mit ACO-4)		
Shots Per Foot	Perforation Top	Perforation Bottom						Record		
TUBING RECOR	D: Size:		Set At:		Packer At:					

Form	ACO1 - Well Completion			
Operator	Black Tea Oil, LLC			
Well Name	Krebs R 8			
Doc ID	1216663			

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
SURFACE	12.25	8.625	16	250	COMMON	180	
PRODUC TION	8.625	5.5	20	4500	COMMON	230	

ALLIED OIL & GAS SERVICES, LLC 062072

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
_Oakley &

								7	
DATE 5-12-14	SEC.	TWP. 14	RANGE 32	CALI	ED OUT	ON LOCATION Spm	JOB START	JOB FINISH 930pm	
krebs R LEASE	WELL#	#8	LOCATION O	Kley	ks Havy		COUNTY	STATE	
OLD OR NEW (Ci	rcle one)		20m; E&						
	1 ,	,	#5						
CONTRACTOR	lands	-			WNER S	ame			
TYPE OF JOB	Surbac								
	12/4	T.D			CEMENT	100		200	
The state of the s	8 5/8		TH 265			DERED 180	sks con	~ 3/,cc	
TUBING SIZE			TH		21.60	/			
DRILL PIPE			TH						
TOOL			TH			10	15 9	3	
PRES. MAX			NIMUM			180 SES		3222.	
MEAS. LINE	1000 1		DE JOINT		OZMIX		_@		
CEMENT LEFT IN	CSG. 1	5 84		The state of the s	GEL	3565	_@ <u>23,4</u>		
PERFS.		/			CHLORIDE_	6SKS	@ 64,00	384,00	
DISPLACEMENT	<i>\</i>	6661		<i>F</i>	ASC	***************************************	@		
	EQUI	IPMENT		-	6VI-1-		@		
				_	18/01/18	al 10141	_@	3616.0	
PUMP TRUCK	CEMENTE	ER Tent	on Jones		1 , 2	5 out ans	_@		
			ne abenta	> -	110	J. 07/000	<u>/</u> @		
BULK TRUCK		~		-					
	DRIVER .	Brond	on alilkin	8011 -			_@		
BULK TRUCK					······································		@		
	DRIVER					1811 / 11 - 11	_ @	1107 70	
					HANDLING_	194. GH cust 3.88 ton X20 m.	0 260	461,76	
				1	MILEAGE _S	, - 0 & PON A LEVY	ice 2	- 761	
		MARKS:					TOTA	L	
mix 180sk	40,	265 FH							
Cement did Circulate					SERVICE				
					DEPTH OF J)R		26.5 St	
						K CHARGE		1512-2	
					EXTRA FOO		@	,	
					MILEAGE		@ 7,70	154.00	
					MANIEOLD	Swedge	@	275.00	
					L.V	romi	@ 4,40	88,00	
	~				~,0	, , , ,	@		
	14/	- 4	Tea		-	2-11	5.1	- A	
CHARGE TO:	210	-CA	/		15	94.141 20	(1) more	. 2973	
STREET						// / ~	TOTA	IL WITTER	
SINDLI					-				
CITYSTATEZIP						PLUG & FLOA	T EQUIPMI	ENT	
							@		
			_				The state of the s		
To: Allied Oil &	c Gas Servi	ices, LLC	J.						
You are hereby	You are hereby requested to rent cementing equipment								
and furnish cem	nenter and I	helper(s)	to assist owner of	r		105			
contractor to do	work as is	listed.	The above work v	was		(00)		A T	
done to satisfact	tion and su	pervision	n of owner agent	or		Aller Marie	101	AL	
contractor. I ha	ve read an	d underst	and the "GENER	RAL					
TERMS AND C	CONDITIC	NS" list	ed on the reverse	side.	SALES TAX	(If Any)	11001		
A ADDITION OF THE CO.				Amelia M. Mara	TOTAL CHA	RGES_ 66	44.41		
						122000	2021		
PRINTED NAMI	E				DISCOUNT / 384.90 (20%) IF PAID IN 30 DAY				
						< 310C	92 Net		
0103110110						2017.7	C		
SIGNATURE									

ALLIED OIL & GAS SERVICES, LLC 063415 Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOUTH		9 FEXAS 760	92		SERVICE POINT:						
DATE 5/8/14	SEC.	TWP.	RANGE 32	CALLED OUT	ON LOCATION	JOB START	JOB FINISH				
LEASE Kreb 5 R		8	LOCATION PGKL	7215 E.	05 5 With	COUNTY	STATE				
OLD OR KEW(Cir		K		OWNER	Some						
TYPE OF JOB HOLE SIZE	Prod.	mp.	योगाराह्य	OF AFRAIR	2	30516					
CASING SIZE	5115	T.D.	TH 4456	CEMENT	DIEDED AS	1000	- 20. 0				
TUBING SIZE	2.1	DEP	The state of the s	_ AMOUNTO	AMOUNT ORDERED ASL 1030 Sult 290gel						
DRILL PIPE		DEP	тн		500gal WARIL KCL						
	it col		Contract of the contract of th		-						
PRES. MAX MEAS. LINE			IMUM '	COMMON_	JOD	_@					
CEMENT LEFT IN	CSG	SHC	42.0 42.0	POZMIX _ GEL		@ <u>23 90</u>	0,60				
PERFS.			1410	GEL CHLORIDE	7	_@23	93				
DISPLACEMENT					230	@2020	480780				
	EQU	JIPMENT				_@`	110				
		۸.	rolle in	Selt	24514	@ 26.35	632 4				
	CEMENT	ER Ha	Ryan		11004	_@	110200				
the state of the s	HELPER	Louis	N RUGA	- Silvonit	e 1150/6	_@ <i>_198</i>	1125				
BULK TRUCK		700.	(-1	WFR TI		05830	70493				
# 303 I	DRIVER	Than	M (mss)			@u	110				
	DRIVER			bc-	194126	@ 34 up	34 30				
				- HANDLING	694 - a-	-02-	730-				
	DE	MARKS:		MILEAGE 2	Tonfaile 1	2.25 To					
Rucy Goule Down 3/11 1-1107 ABL		NATI	Mix 305/KRH, Righer Plus	mx 2005/12	79.76/20%) SERVI	9 <i>8.80</i> total ce					
WET land	OPL	20	800	_ DEPTH OF J	OB	A.	A PART				
110 4 M	1	11/20	1	PUMPTRUC		0.70	2765				
10-1- 401	201	BULCK	- Pung Will	1 EXTRA FOO		@	- 40				
Shut 20 800	PST	7%	L You	MILEAGE	11/2	@ > ==_	169				
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CHARGE TO: Blace	KTO	4		100	11 20/205)					
STREET					9.39/208)	TOTAL	4771.98				
				out.ue			77				
CITY	STA	ATE	ZIP	-	PLUG & FLOAT	EQUIPMEN	Т				
			74	- ACH FO	vers -8	@ 545 0 @ 95 29	54500				
To: Allied Oil & G	as Servi	ces, LLC.	w	5 Baskets		@ 395 00	1975				
You are hereby req	uested to	rent ceme	nting equipment	POST COLL	on Assembly	@ 660 10	30000				
and furnish cement	er and h	elper(s) to	assist owner or	5700 601100	er 1	65590	559000				
contractor to do wo	ork as is	listed. The	above work was	127-11	(00)	37	7 58010				
done to satisfaction contractor. I have a	and sup	ervision of	owner agent or			TOTAL	4,00700				
TERMS AND CON	IDITION	onsistabilu S beteil "20	n the GENERAL	SALES TAX (If Any)						
		.o noteu (m mo reverse side	TOTAL CHAP	10 2.	1978	7				
DD DATED MAN					01/2/1:-/	205					
PRINTED NAME_	1	0/		_ DISCOUNT &	1.407.13 (0	OO IF PAIL	IN 30 DAYS				
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SIGNATURE	f/,	AHA		_	· rivov.						
	70	14 Commence of Commence of the									