



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
-----------------------------------	-----------------	---

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
--	---

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: _____ _____
--	---	---

Black Tea Oil

Krebs N4

LTD 4367

5 ½ set at 4409 200 sks

Port Collar 2068 350 sks

Perfs

Morrow	4278-4304	3000 gal 15% INS
L	3944-52	1500 gal 15% INS
K	3912-20	1000 gal 15% INS
J	3890-98	3000 gal 15% INS
C	3694-3700	1500 gal 15% INS

Summary of Changes

Lease Name and Number: Krebs N 4

API/Permit #: 15-109-21296-00-00

Doc ID: 1249423

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	08/11/2014	04/27/2015
CasingPurposeOfString PDF_1	SURFACE	Surface
CasingPurposeOfString PDF_2	PRODUCTION	Production
CasingSettingDepthPDF F_1	250	265
CasingSettingDepthPDF F_2	4500	4409
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement Circulated From		2068
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		350
Method Of Completion - Commingled	No	Yes
Multiple Stage Cementing Collar Depth	2100	2068
Perf_Record_1		see attached report
Plug Back Total Depth		4367
Producing Formation	KANSAS CITY / JOHNSON	KANSAS CITY / Morrow
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1218053	../../../../kcc/detail/operatorEditDetail.cfm?docID=1249423
TopsDatum1	-1307	-1606
TopsDatum2		-1022
TopsDepth1	3979	4278
TopsDepth2		3694
TopsName1	KANSAS CITY	Morrow
TopsName2		kansas city

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total Depth	4500	4412

Summary of Attachments

Lease Name and Number: Krebs N 4

API: 15-109-21296-00-00

Doc ID: 1249423

Correction Number: 1

Attachment Name



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1218053
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: _____

- 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
-----------------------------------	-----------------	---

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
--	---

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
---	---	------------------------------------

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:	
----------------	-------	---------	------------	--

ALLIED OIL & GAS SERVICES, LLC 063305

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93992
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Great bend ks

DATE <u>5-29-14</u>	SEC. <u>27</u>	TWP. <u>14</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION <u>2:30 pm</u>	JOB START <u>3 pm</u>	JOB FINISH <u>3:30 pm</u>
LEASE <u>Krebs N</u>	WELL # <u>4</u>	LOCATION <u>Oakley ks Hwy 83 south</u>			COUNTY <u>Logan</u>	STATE <u>ks</u>	
OLD OR <u>NEW</u> (Circle one)			<u>22mi E into</u>				

CONTRACTOR landmark #6 OWNER Same

TYPE OF JOB Surface

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

CASING SIZE 8 5/8 DEPTH 265 AMOUNT ORDERED 180 sks com 3 1/2 cc

TUBING SIZE DEPTH 2 1/2 gal

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15

PERFS.

DISPLACEMENT 16 bbl

EQUIPMENT

PUMP TRUCK CEMENTER Talon Jones

386 HELPER Ben Newell

BULK TRUCK

871/112 DRIVER Dan Casper

BULK TRUCK

DRIVER

COMMON 180 sks @ 17.90 3,222.00

POZMIX @

GEL 3 @ 23.40 70.40

CHLORIDE 6 @ 64.00 384.00

ASC @

Materials Total 3676.60

Disc @ (25%) 919.15

@

@

@

@

Service

@

HANDLING 194.64 cost @ 2.48 482.70

MILEAGE 8.88 hrs x 22 mi @ 2.60 507.93

REMARKS:

Mix 180 sks @ 265 ft
Cement did circulate

Thankyou!

DEPTH OF JOB 265 ft

PUMP TRUCK CHARGE 1,512.25

EXTRA FOOTAGE @

MILEAGE H.V. 22mi @ 7.70 169.40

MANIFOLD head @ 265.00

L.V. 22mi @ 4.40 96.80

@

CHARGE TO: Black Tea

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL 3034.08
(25%) 758.52

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

(0%) TOTAL 0

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 6710.68

DISCOUNT - 1677.67 (25/25/0) IF PAID IN 30 DAYS

PRINTED NAME Ramiro mcl donado

SIGNATURE Ramiro mcl donado

5033.01



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

TICKET 26654

PAGE 1 OF 2

SERVICE LOCATIONS

1. Hays ks	WELL/PROJECT NO. 4	LEASE Krebs N	COUNTY/PARISH Loran	STATE KS	CITY	DATE 6-2-14	OWNER
2. Ness Customs	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO Locahon	ORDER NO.	
3.	WELL TYPE 0-1	WELL CATEGORY Development	JOB PURPOSE 5 1/2 long string	WELL PERMIT NO.		WELL LOCATION Sec 27, Twp 14S R 32W	
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE \$/100	80	mi			6.00	480.00
578					Pump Charge Long string	1	ea			1500.00	1500.00
221					Liquid KCL	2	gal			25.00	50.00
281					Mud Flush	500	gal			1.25	625.00
290					0-Air	5	gal			42.00	210.00
403					Lement Basket	3	ea		5 1/2'	300.00	900.00
404					Part Collar	1	ea			2900.00	2900.00
406					Latch Down Plug + Baffle	1	ea			275.00	275.00
407					Insert Plug Shoe w/ Auto Fill	1	ea			375.00	375.00
409					Turbolifters	8	ea			90.00	720.00
419					Rotating Head Rental	1	ea			200.00	200.00

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 **6-2-14** TIME SIGNED **1700** A.M. P.M.

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

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UN-DECIDED	DIS-AGREE
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL **8235.00**
 TAX **5992.00**
 TOTAL **15,055.11**

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES

The customer hereby acknowledges receipt of the materials and services listed on this ticket

SWIFT OPERATOR **John O'Neil** APPROVAL **John O'Neil**

Thank You!



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

CUSTOMER
Black Tea

WELL
Krebs N 4

DATE
6-2-14

PAGE 2 OF 2

TICKET
No. 26654

TICKET CONTINUATION

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	WELL		UNIT PRICE	AMOUNT
		LOC	ACCT	DF			QTY	U/M		
325		2				Standard cement	230	SKS	14.50	3335.00
276		2				Flux	50	lbs	2.50	125.00
283		2				Salt	1150	lbs	20.00	2300.00
284		2				Cal Seal	11	SKS	35.00	385.00
285		2				CFR-1	110	lbs	4.50	495.00
581		2				SERVICE CHARGE			2.00	460.00
583		2				MILEAGE CHARGE			1.00	962.00
SERVICE CHARGE MILEAGE CHARGE TOTAL WEIGHT 24030 LOADED MILES 80 CUBIC FEET 230 TON MILES 962										
CONTINUATION TOTAL										5992.00

JOB LOG

SWIFT Services, Inc.

DATE 6-2-14 PAGE NO.

CUSTOMER Black Tea WELL NO. 4 LEASE Krebs N JOB TYPE 5 1/2 long stems TICKET NO. 26654

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1700							on location
								TD 4412 SS 24
								TP 4409 Insert 4385
								PL no 56 2072 5 1/2 x 15 5/8
								Turbulizers 1, 2, 4, 6, 8, 10, 12, 57
								Baskets 1, 55, 56
	1715							Start Pipe
	1945							Drop Ball Break Circulation Rotate
	2050		7					Plug BH 30 sks
	2055	5	12		✓		300	Start Mud Flush
		5	20		✓		300	Start KCL Flush
		5	48		✓		200	Start cement 20 sks EA-2
	2122							Drop Plug
								wash out Pump + Lines
	2125	6						Start Displacement
	2145		104.3		✓		900 1500	land Plug Hold
								Release Pry
								Wash up Pack up
	2230							Job complete Thank You Josh, Brian, John