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:	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	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)
Demois #	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

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 III 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 N 5
Doc ID	1249424

### Casing

Purpose Of String		Size Casing Set	Weight	Setting Depth	Cement		Type and Percent Additives
Surface	12.25	8.625	23	264	COMMON	180	
Production	8.625	5.5	15.5	4402	COMMON	230	

Black Tea Oil

Krebs N5

LTD 4376

Port Collar 2023 300 sks

5 ½ casing set at 4409 200 sks

Perfs

Morrow 4300-06, 4264-74 3000 gal 15% INS

### **Summary of Changes**

Lease Name and Number: Krebs N 5 API/Permit #: 15-109-21297-00-00

Doc ID: 1249424

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	08/11/2014	04/14/2015
CasingPurposeOfString PDF_1	SURFACE	Surface
CasingPurposeOfString PDF_2	PRODUCTION	Production
CasingSettingDepthPD F_1	250	264
CasingSettingDepthPD F_2	4500	4402
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement		2023
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 Cement		200
Method Of Completion - Perf	No	Yes
Multiple Stage Cementing Collar Depth	2100	2023
Perf_Record_1		see attached report
Plug Back Total Depth		4376
Producing Formation	KANSAS CITY / JOHNSON	morrow
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 18060	//kcc/detail/operatorE ditDetail.cfm?docID=12 49424
TopsDatum1	-1307	-1610
TopsDepth1	3961	4264
TopsName1	KANSAS CITY	morrow
Total Depth	4500	4409

### **Summary of Attachments**

Lease Name and Number: Krebs N 5

API: 15-109-21297-00-00

Doc ID: 1249424

Correction Number: 1

**Attachment Name** 



Confidentiality Requested:

Yes No

### Kansas Corporation Commission Oil & Gas Conservation Division

1218060

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)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
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)
Coverning alord Paymeit #	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	Location of huld disposal if flauled offsite.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec.         TwpS.         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 III Approved by: Date:

KOLAR Document ID: 1218060

### 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.		n.	i donei Al.				

Form	ACO1 - Well Completion
Operator	Black Tea Oil, LLC
Well Name	Krebs N 5
Doc ID	1218060

### 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 063333

SERVICE POINT:

Federal Tax I.D. # 20-8651475

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

0001	HLAKE, I					SIGHLE	/K/
DATE 6/5/14	SFG.	TWP	RANGE 32	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE Krebs A	WELL#	5	LOCATION O	HIL 225	UD: 10	COUNTY	STATE
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TOOL		DEP		-		-	
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BULK TRUCK		- '	/-	1	611	@ 440	
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CITY To: Allied Oil &	Gas Serv	ices, LLC.	ZIP	PUMPTRUG EXTRA FOO MILEAGE MANIFOLD FILE FILE FILE FILE FILE FILE FILE FILE	CK CHARGE DTAGE DTAGE 2 \$  ACCEPS  PLUG & FLOA	TOTAL TEQUIPMEN	
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To: Allied Oil & You are hereby rand furnish ceme contractor to do done to satisfacti contractor. I hav TERMS AND Co	Gas Servequested tenter and it work as is ion and sure read and ONDITIC	ices, LLC. to rent cem helper(s) to s listed. Th pervision of d understar	ZIP	PUMPTRUG EXTRA FOO MILEAGE MANIFOLD A TO TO TO	CK CHARGE DTAGE DTAGE 25  Releas  PLUG & FLOAT  (If Any)  ARGES 1.64	TOTAL TOTAL TOTAL	
To: Allied Oil & You are hereby rand furnish ceme contractor to do done to satisfacti contractor. I hav TERMS AND Co	Gas Servequested tenter and it work as is ion and sure read and ONDITIC	ices, LLC. to rent cem helper(s) to s listed. Th pervision of d understar	ZIP	PUMPTRUG EXTRA FOO MILEAGE MANIFOLD TOTAL  SALES TAX TOTAL CHA	CK CHARGE DTAGE DTAGE 25  Releas  PLUG & FLOAT  (If Any)  ARGES 1.64	TOTAL TOTAL TOTAL	
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To: Allied Oil & You are hereby rand furnish ceme contractor to do done to satisfacti contractor. I hav TERMS AND Co	Gas Servequested tenter and the work as is fon and sure read and ONDITION	ices, LLC. to rent cem helper(s) to s listed. Th pervision of d understar	ZIP	PUMPTRUG EXTRA FOO MILEAGE MANIFOLD TOTAL  SALES TAX TOTAL CHA	CK CHARGE DTAGE 25  ACCOS  PLUG & FLOA  (If Any) ARGES 1.04	TOTAL TOTAL TOTAL	D IN 30 DAYS



CHARGE TO:	Black lea	G;
ADDRESS		

25589

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LEGAL TERMS: Customer hereby acknowledges and agrees to	eby acknowledges	and agrees to	REMIT PAYMENT TO:	SURVEY AGREE	DECIDED AGREE	PAGE TOTAL	
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but are not limited to, PAYMENT, RELEASE, INDEMNITY, and	I, RELEASE, IND	EMNITY, and	MET YO	DUR NEEDS?			3

SWIFT OPERATOR 7 DATE SIGNED -10-14 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS build Knighn TIME SIGNED A.M. APPROVAL

**LIMITED WARRANTY** provisions.

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

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS ARE YOU SATISFIED WITH OUR SERVICE? PERFORMED WITHOUT DELAY? OUR SERVICE WAS WE UNDERSTOOD AND MET YOUR NEEDS? SATISFACTORILY? CUSTOMER DID NOT WISH TO RESPOND ON []

subtotal

14,138 80

1.65%

3

46

TOTAL

14,960

826

Thank You!

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket



# TICKET CONTINUATION

POBOX 466   POBOX 466   POBOX 678 2300	6788.80	CONTINUATION TOTAL	CONTINU			
TICKET CONTINUATION	080 80	A				563
I	160 0				-	581
NOS BOX 466   NOS 19500   NO	_					
POBOX 466   POBOX 466   POBOX 466   POBOX 467   POBOX 678 2300   POBOX 6						
Company   Comp						
PO BOX 466   PO BOX 466   PO BOX 466   PO BOX 607   PO BOX 466   PO BOX 607   PO						
Cornomer   Rich   Res City KS 07560   Cornomer   Rich   Rich   Res City KS 07560   Cornomer   Rich   Rich   Res City KS 07560   Cornomer   Rich						
Ness Chy. KS 67560						
PO Box 466   Off. 785-798-2300   Outstonen Black Tex. C/1   Methrels N # 5   One 6-10-14   Poly 100   Off. 785-798-2300   Outstonen Black Tex. C/1   Methrels N # 5   One 6-10-14   Poly 100   One						
POBOX 466   CUSTOMER   CONTINUATION   METHODS   N # 5   One 6,0,0,1   METHODS   One 6,0,0,1   METHOD						
Ness City, KS 07560						
Communition   Communition   Communition   Communition   Communition   Community   Company   Co						
PO BOX 466   Ness City, KS 67560   OUTSTOWER BLACK Tex. C):1   WELL Free N. # 5   OVER 10.0. 25589   OUTSTOWER BLACK Tex. C):1   WELL Free N. # 5   OVER 10.0. 25589   OUTSTOWER BLACK Tex. C):1   WELL Free N. # 5   OVER 10.0. 25589   OUTSTOWER BLACK Tex. C):1   WELL Free N. # 5   OVER 10.0. 25589   OUTSTOWER BLACK Tex. C):1   WELL Free N. # 5   OVER 10.0. 25589   OUTSTOWER BLACK Tex. C):1   WELL Free N. # 5   OVER 10.0. M. S. WITH SAMOUNT AMOUNT						
Ness City, KS 67560		_				
Ness City, KS 67560   Ott. 785-798-2300   Ot	7					
Cooling   Color   Co			_	and the second	G	3
PO Box 466   Ness City, KS 67560   Customer Black   Fee City   Methodation   Methoda			) au	131.16		22
CFR-1   CONTINUATION   CONTINUATION   CFR-1		8		Mac Flash		281
Ness City, KS 67560	L_		4	りかず		OSC
PO Box 466   Ness City, KS 67560   Off: 785-798-2300   Off: 785-798-2300   Time   DESCRIPTION   OFF.   UM   OTY.	-		lbs 50	Flociele		276
PO Box 466   Ness City, KS 67560   Customer   Black   Tex. City   Ness City, KS 67560   Off: 785-798-2300   Time   Description   Description   Off: 785-798-2300   O			001 %	CFR-)	_	285
Ness City, KS 67560			OSII	\$		383
PO Box 466  Ness City, KS 67560 Off: 785-798-2300  SECONDARY REFERENCE: PARTI NUMBER  LOC ACCT DF  TIME  DESCRIPTION  DESC			1 %	- 1		782
PO Box 466  Ness City, KS 67560 Off: 785-798-2300 Off: 785-798-2300  SECONDARY REFERENCE:  ACCOUNTING DESCRIPTION  DESCRIPTION  DESCRIPTION  NEIL Knebs N # 5  DATE 1/0-14  PAGE ON INVALIDATION  No. 25589  PAGE NO. 25589	3335		230	Standard Coment		325
PO Box 466  Ness City, KS 67560 Off: 785-798-2300  CUSTOMER Black Tex. C):1  WELL Krebs N # 5  DATE 100 INDATION  No. 25589	AMOUNT	161168830	7/10	N3 TIME DESCRIPTION	-1	PRICE
TICKET CONTINUATION			N # 5	CUSTOMER Black Tec. (2)	linac	Sennice
	- A.	TICKET 1558		TICKET CONTINUATION	PO Box 460	SW

SWIFT Services, Inc. DATE 6-10-14 PAGENO. **JOB LOG** WELL NO. TICKET NO 25589 JOB TYPE Comen! 51/2" Longstring Black Tea Oil VOLUME (BBL) (GMZ) PRESSURE (PSI) CHART TIME DESCRIPTION OF OPERATION AND MATERIALS Tc TUBING 0530 on Location TP-4401 RTD- 4409 54" 15.54 SJ- #1 24,29 P.C. #57 2025 Imbolizer-1,2,4,6,8,10,12,58 Basket - 2, 56, 57 230 sks EA 2 w/ 1/4 Floorle 5 1/2" 15,5 " casing in well 0645 0850 350 Pump SCOgal Mud Flush Pump 2066 KCL Flush 0450 61/2 7-3 Ala RH-MH 30-氢 mix 280 sks EA-2 @ 15,5 ADG 41/2 43 1000 wash out Pump+ Lines Release Latch Down Alug 61/2 1020 300 LiA Pressure 61/2 6/2 950 Max Lift Pressure 104 6% 1040 104.2 Relase Pressure wash up Truck 1115