



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: _____

1249425

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 N6

LTD 4344

Port Collar @2070 325 sks

Perfs

Morrow 4287-4309 1500 gal 15% INS

Summary of Changes

Lease Name and Number: Krebs N 6

API/Permit #: 15-109-21298-00-00

Doc ID: 1249425

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	250	252
Approved Date	08/11/2014	04/14/2015
CasingPurposeOfString PDF_1	SURFACE	Surface
CasingPurposeOfString PDF_2	PRODUCTION	Production
CasingSettingDepthPDF F_1	250	252
CasingSettingDepthPDF F_2	4500	4416
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement Circulated From		2070
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 - Perf	No	Yes
Multiple Stage Cementing Collar Depth	2100	2070
Perf_Record_1		see attached report
Plug Back Total Depth		4344
Producing Formation	KANSAS CITY / JOHNSON	morrow
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1218066	../../../../kcc/detail/operatorEditDetail.cfm?docID=1249425
TopsDatum1	-1307	-1636
TopsDepth1	3958	4287
TopsName1	KANSAS CITY	morrow
Total Depth	4500	4418

Summary of Attachments

Lease Name and Number: Krebs N 6

API: 15-109-21298-00-00

Doc ID: 1249425

Correction Number: 1

Attachment Name

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) (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 064012

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Oakley KS

DATE <u>6-11-14</u>	SEC <u>27</u>	TWP. <u>14</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION	JOB START <u>11:30am</u>	JOB FINISH <u>12:00am</u>
LEASE <u>Krebs N</u>	WELL# <u>46</u>	LOCATION <u>Oakley 225, W, N, E, S</u>			COUNTY <u>Logan</u>	STATE <u>KS</u>	
OLD OR <u>(NEW)</u> (Circle one)		<u>W into</u>					

CONTRACTOR Landmark 10

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 266'

CASING SIZE 8 5/8 DEPTH 251.88

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 15.09 bbl H₂O

OWNER Same

CEMENT AMOUNT ORDERED 180 sks Com 3% CC

2% gel

EQUIPMENT

PUMP TRUCK # 120 CEMENTER Paul Beaver

BULK TRUCK # 1000 DRIVER Joel (TWS)

BULK TRUCK # _____ DRIVER _____

COMMON	<u>180 sks @ 17.90</u>	<u>3222.00</u>
POZMIX	@	
GEL	<u>338 # @ 1.05</u>	<u>354.90</u>
CHLORIDE	<u>507 # @ 1.10</u>	<u>557.70</u>
ASC	@	
<u>Material Total</u>		<u>4,134.60</u>
<u>(806.42/203)</u>		
HANDLING <u>194.62 sks @ 2.48</u>		<u>482.66</u>
MILEAGE <u>8.88 hrs @ 2.50/mi</u>		<u>22.20</u>
TOTAL		<u>4,639.46</u>

REMARKS:
Mix 180 sks Com 3% CC 2% gel
Displace w/ water
cement did circulate

SERVICE

DEPTH OF JOB	<u>251'</u>	
PUMP TRUCK CHARGE		<u>1512.25</u>
EXTRA FOOTAGE	@	
MILEAGE <u>milv 75</u>	@ <u>17.70</u>	<u>1327.50</u>
MANIFOLD <u>Head</u>	@	<u>275.00</u>
<u>milv 25</u>	@ <u>4.40</u>	<u>110.00</u>
<u>(636.58/203)</u>		<u>3,182.91</u>
TOTAL		

CHARGE TO: Black Tea

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

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

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.

PRINTED NAME Ramiro Maldonado

SIGNATURE Ramiro Maldonado

SALES TAX (If Any) _____

TOTAL CHARGES 7,317.51

DISCOUNT 1,463.50 (203) IF PAID IN 30 DAYS

5,854.00 Net



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

TICKET 26661

PAGE 1 OF 2

SERVICE LOCATIONS: **Haysks** WELL/PROJECT NO. **6** LEASE **Krebs N** COUNTY/PARISH **Logan** STATE **KS** CITY
 2. **Ness City, KY** TICKET TYPE SERVICE CONTRACTOR RIG NAME/NO. **Logan** SHIPPED VIA **CT** DELIVERED TO **Location** DATE **6-16-14** ORDER NO.
 3. WELL TYPE **D-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		1			MILEAGE \$112	80	m			6.00	480.00
578		1			Pump charge long string	1	ea			15.00	15.00
221		1			Liquid KCL	2	gal			25.00	50.00
281		1			Mud Flush	500	gal			1.25	625.00
280		1			D-4TY	4	gal			42.00	168.00
402		1			Centrifuges	8	ea			70.00	560.00
403		1			Cement Basket	3	ea			30.00	90.00
404		1			Port Collar	1	ea			29.00	29.00
406		1			Latch Down Plug + Baffle	1	ea			225.00	225.00
407		1			Insert Flat Shoe of Ann Fill	1	ea			325.00	325.00
419		1			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 **6-16-14** TIME SIGNED **12:00**
 A.M. P.M.

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

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				8033	00
WE UNDERSTOOD AND MET YOUR NEEDS?				5991	00
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				14,024	00
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				14,024	00
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		LOGO TAX 81.2	66
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	14,836.66

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 SWIFT OPERATOR **John Paul** APPROVAL
 Thank You!



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

TICKET CONTINUATION

TICKET No. 26661

CUSTOMER Dieck Tea

WELL Krebs N 46

DATE 6-16-14

PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	WELL				UNIT PRICE	AMOUNT
		LOC	ACCT	DF			QTY	U/M	QTY	U/M		
325		2				Standard cement EA-2	230	Sks			14.50	3335.00
276		2				Flocel	50	Lbs			2.50	125.00
283		2				S-11	1150	Lbs			20	230.00
284		2				Calsteel	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	961.00
							TOTAL WEIGHT	24050				
							LOADED MILES	50				
							CUBIC FEET	230				
							TON MILES	961				

CONTINUATION TOTAL 5991.00

JOB LOG

SWIFT Services, Inc.

DATE 6-16-14 PAGE NO.

CUSTOMER Black tea WELL NO. 6 LEASE Krebs N JOB TYPE 5 1/2 long string TICKET NO. 26661

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1200							on location
								TD 4418 SS 17
								TP 4416 Insert 4399
								PL top 56 2076' 5 1/2 x 15.5"
								centralizers 1, 2, 4, 6, 8, 10, 12, 57
								Baskets 2, 55, 56
	1300							Start Pipe
	1500							Drop Ball Break Circulation Rotate
	1600		7					Plug BH 30sk
	1610	5	12		✓		30w	Start Mud flush
		5	20		✓		30w	Start KCL flush
		5	48		✓		2w	Start EA-2 cement 200 sks
	1630							Drop Plug wash out Pump + Lines
	1632	6.5			✓			Start Displacement
	1647	6.5	104.6		✓		800 1500	Land Plug Hold
	1650							Release Dry
								wash up Back up
	1730							Job complete Thank You Josh, Brian, Rob