



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 O2

LTD 4410

Port Collar 2073 400 sks

Perfs

Morrow	4292-38	3000 gal 15% INS
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Summary of Changes

Lease Name and Number: Krebs O 2

API/Permit #: 15-109-21303-00-00

Doc ID: 1249431

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	250	269
Approved Date	08/11/2014	04/14/2015
CasingNumbSacksUsedPDF_1	180	190
CasingPurposeOfStringPDF_1	SURFACE	Surface
CasingPurposeOfStringPDF_2	PRODUCTION	Production
CasingSettingDepthPDF_1	250	269
CasingSettingDepthPDF_2	4500	4435
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement Circulated From		2073

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		400
Method Of Completion - Perf	No	Yes
Multiple Stage Cementing Collar Depth	2100	2073
Perf_Record_1		see attached report
Plug Back Total Depth		4410
Producing Formation	KANSAS CITY / JOHNSON	Morrow
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1218074	../../../../kcc/detail/operatorEditDetail.cfm?docID=1249431
TopsDatum1	-1307	-1619
TopsDepth1	3980	4292
TopsName1	KANSAS CITY	Morrow
Total Depth	4500	4438

Summary of Attachments

Lease Name and Number: Krebs O 2

API: 15-109-21303-00-00

Doc ID: 1249431

Correction Number: 1

Attachment Name



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1218074
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: _____

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- Plug Back Conv. to GSW Conv. to Producer
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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 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)</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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ALLIED OIL & GAS SERVICES, LLC 064030

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Oakley, KS

DATE <u>6-12-14</u>	SEC. <u>27</u>	TWP. <u>14</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION <u>7:30 pm</u>	JOB START <u>7:00 pm</u>	JOB FINISH <u>4:30 pm</u>
LEASE <u>Krebs 0</u>	WELL # <u>2</u>	LOCATION <u>Oakley 22 E, 3rd Int</u>			COUNTY <u>Logan</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Landmark 5
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 269
 CASING SIZE 8 1/2 DEPTH 269.14
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 151
 PERFS. _____
 DISPLACEMENT 16.0661
 EQUIPMENT _____

PUMP TRUCK CEMENTER LaRone E. Wenz
 # 422 HELPER Wayne McHugh
 BULK TRUCK # 891/310 DRIVER Joel Martinez (JWS)
 BULK TRUCK # _____ DRIVER _____

REMARKS:
Mix 190 sp cement
Displace with water
Cement did circulate
10 SK to pit

Thank you.

CHARGE TO: Black Tea
 STREET _____
 CITY _____ STATE _____ ZIP _____

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 _____
 SIGNATURE [Signature]

OWNER Same
 CEMENT AMOUNT ORDERED 190 sp cement 320cc
2 20 gal
 COMMON 190 sp @ 1.290 3401.00
 POZMIX @ _____
 GEL 357# @ 1.05 374.85
 CHLORIDE 536# @ 1.10 589.60
 ASC @ _____
 _____ @ _____
Material total @ _____ 4,365.45
(873.09/20%) @ _____
 _____ @ _____
 _____ @ _____
 HANDLING 205.46 @ 2.48 509.54
 MILEAGE 9.38 @ 2.50 23.45
 TOTAL _____

SERVICE
 DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____ 1512.25
 EXTRA FOOTAGE @ _____
 MILEAGE MTHU 25 @ 7.70 192.50
 MANIFOLD Swage @ _____ 275.00
MTCU 25 @ 4.40 110.00
 _____ @ _____
(648.83/20%) TOTAL 3244.17

PLUG & FLOAT EQUIPMENT
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____

SALES TAX (If Any) _____
 TOTAL CHARGES 7,609.62
 DISCOUNT 1,521.92 (20%) IF PAID IN 30 DAYS
6,087.69 Net.



CHARGE TO: **BLACK TEA OIL**
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET 26367

PAGE 1 OF 2

SERVICE LOCATIONS
 1. **Ness City, KS** WELL/PROJECT NO. **KREBS "D" # 2** LEASE
 2. **LAUDMARK DRILLING # 5** CONTRACTOR **LOGAN** COUNTY/STATE **KS OKLAHOMA** STATE **KS** CITY **DAKLEY, KS.** DATE **18 Jun 14** OWNER
 3. **DIL** WELL TYPE **DEVELOPMENT** WELL CATEGORY **S 3 LHOUSTRING-** SHIPPED VIA **DELIVERED TO** ORDER NO.
 4. **DIL** WELL TYPE **DEVELOPMENT** WELL CATEGORY **S 3 LHOUSTRING-** WELL PERMIT NO. **5 TO RIVER BRIDGE, 1/2 N W 1/4 S 30**

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE # 115	80	MIL			6.00	480.00
578					PUMP CHARGE	1	JOB			1500.00	1500.00
402					CENTRAIZERS	9	EA.			7.00	63.00
403					CEMENT BASKETS	3	EA.			300.00	900.00
404					PORT COLLAR	1	EA.			290.00	290.00
406					LATCH DOWN PLUG & BARGE	1	EA.			275.00	275.00
407					ROBERT FLOAT SHOE W/ FILL	1	EA.			375.00	375.00
419					ROTATING HEAD	1	JOB			200.00	200.00
281					MUD FLUSH	500	GA.			1.00	500.00
221					LIQUID KEL	2	GA.			25.00	50.00

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 **18 Jun 14** TIME SIGNED **1730** 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	TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? WE UNDERSTOOD AND MET YOUR NEEDS? OUR SERVICE WAS PERFORMED WITHOUT DELAY? WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORIL Y? ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	14,845.47
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				2	14,845.47

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



Services, Inc.

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

TICKET CONTINUATION

TICKET No. **26367**

CUSTOMER **BLACK TEA OIL**

WELL **Krebs "0" B2**

DATE **7/8 Jun 14**

PAGE **2** OF **2**

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	WELL		UNIT PRICE	AMOUNT	
		LOG	ACCT	DF			QTY	U/M			QTY
276						ELOCHE.	600	lbs	2.50	1500.00	
283						SALT	1150	lbs	0.20	230.00	
284						WALSEN	11	bx	35.00	385.00	
285						CFR-1	100	lbs	4.50	450.00	
290						D-AIR	3	gal	42.00	126.00	
325						STANDARD EA-2	230	SX	14.50	3335.00	
581						SERVICE CHARGE			2.00	460.00	
583						MILEAGE CHARGE			1.20	961.20	
							TOTAL MILEAGE CHARGE	27630			
							LOADED MILES	80			
							CUBIC FEET	230 SX			
							TON MILES	961.20			

CONTINUATION TOTAL **6097.20**

JOB LOG

SWIFT Services, Inc.

DATE 18 JUN 14 PAGE NO.

CUSTOMER BLACK TEA OIL WELL NO. LEASE KREBS "O" #2 JOB TYPE 5 1/2 LONG STRING TICKET NO. 216347

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1230							ON LOCATION
	1320							START PIPE 5 1/2 - 15.5 # RTD 4425 LTD @ 4438 SHOE JT. 17.58 SET @ 4435 CENTRALIZERS 1, 2, 5, 7, 9, 11, 13, 15, 17 , 58 BASKETS. 2, 56, 57 PORT COLLAR # 57 @ 2077
	1530							DROP BALL - CIRCULATE.
	11614	6	12	✓	✓	300		Pump 500 gal mud FLUSH
		6	20	✓	✓	300		Pump 20 BHP KCL SPACER
	11622		7					PLUG RH - 30 SX
	11624	4	48		✓			MIX 200 SX EA-2
	11635							WASH OUT Pump & LINES.
	11638	6			✓			START DISPLACING PLUG.
	11656	Ø	105		✓	1500		PLUG DOWN - LATCH PLUG IN.
	11658							RELEASE PSI - DRY
	1700							WASH TRUNK
	1730							JOB COMPLETE.
								THANKS # 115
								JASON DAVE CRAIG