



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 R4

RTD 4485

LTD 4456

Port Collar 430 sks

Perfs

Morrow	4354-78	1500 gal 15% INS
Altamont	4252-57	1500 gal 15% INS
J	4030-34	1500 gal 15% INS

Summary of Changes

Lease Name and Number: Krebs R 4

API/Permit #: 15-109-21283-00-00

Doc ID: 1249464

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	250	263
Approved Date	08/11/2014	04/27/2015
CasingPurposeOfString PDF_1	SURFACE	Surface
CasingPurposeOfString PDF_2	PRODUCTION	Production
CasingSettingDepthPDF F_1	250	263
CasingSettingDepthPDF F_2	4500	448
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement Circulated From		2107
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		430
Method Of Completion - Commingled	No	Yes
Multiple Stage Cementing Collar Depth	2100	2107
Perf_Record_1		see attached report
Plug Back Total Depth		4456
Producing Formation	KANSAS CITY / JOHNSON	see attached report
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1218057	../../../../kcc/detail/operatorEditDetail.cfm?docID=1249464
TopsDatum1	-1307	-1622
TopsDatum2		-1520
TopsDatum3		-1298
TopsDepth1	4039	4354
TopsDepth2		4252
TopsDepth3		4030

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsName1	KANSAS CITY	morrow
TopsName2		altamont
TopsName3		kansas city
Total Depth	4500	4487

Summary of Attachments

Lease Name and Number: Krebs R 4

API: 15-109-21283-00-00

Doc ID: 1249464

Correction Number: 1

Attachment Name



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1218057
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 063334

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Oakley K

DATE <u>6/6/14</u>	SEC <u>26</u>	TWP <u>14</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION	JOB START <u>9:30</u>	JOB FINISH <u>10:00</u>
LEASE <u>Krebs R</u>		WELL # <u>H</u>	LOCATION <u>Oakley 21 S E = S = W</u>		COUNTY <u>Logan K</u>	STATE <u>K</u>	
OLD OR NEW (Circle one) <u>NEW</u>		<u>INTO</u>					

CONTRACTOR Landmark 5
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 263'
 CASING SIZE 8 5/8 DEPTH 263'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT 15.84

OWNER Sams
 CEMENT AMOUNT ORDERED 1800m 370CC
2070gel

EQUIPMENT

PUMP TRUCK CEMENTER Alan Ryan
 # 403-281 HELPER Kevin Ryan
 BULK TRUCK # 373 DRIVER Juan Mendez (TWS)
 BULK TRUCK # 373 DRIVER John Pearce (TWS)

COMMON	<u>180</u>	@ <u>17.90</u>	<u>3222.00</u>
POZMIX		@	
GEL	<u>338.16</u>	@ <u>1.05</u>	<u>354.90</u>
CHLORIDE	<u>507.16</u>	@ <u>1.10</u>	<u>557.88</u>
ASC		@	
Material total			<u>9134.60</u>
<u>(825.90 / 202)</u>			
HANDLING	<u>194.04</u>	@ <u>2.10</u>	<u>407.48</u>
MILEAGE	<u>22.70</u>	@ <u>26.00/mile</u>	<u>590.20</u>
TOTAL			<u>610.78</u>

REMARKS:
In Aug, calculate msc Cement Displacement
Sheet in
Cement Aid estimate
Thank to Alan, Kevin, Juan M, John

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

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE 1512.25
 EXTRA FOOTAGE @ _____
 MILEAGE 25 miles @ 7.22 180.50
 MANIFOLD 25 mile 4578 vehicle @ 4.40 110.00
 TOTAL 3183.17

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.

PLUG & FLOAT EQUIPMENT

_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
TOTAL _____		

PRINTED NAME Justin Martinez
 SIGNATURE [Signature]

SALES TAX (if Any) _____
 TOTAL CHARGES 7,317.77
 DISCOUNT 1,463.55 / (20%) IF PAID IN 30 DAYS
5,854.22 Net

ALLIED OIL & GAS SERVICES, LLC 064026

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>26</u>	TWP. <u>12</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION <u>6130am</u>	JOB START <u>11:00am</u>	JOB FINISH <u>1:10pm</u>
LEASE <u>Krebs R</u>		WELL # <u>4</u>		LOCATION <u>Oakley, 215, East</u>		COUNTY <u>Hogon</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)							

CONTRACTOR <u>Landmark S</u>		OWNER <u>same</u>
TYPE OF JOB <u>Production (Port Collar)</u>		
HOLE SIZE <u>7 7/8</u>	T.D. <u>4485'</u>	CEMENT
CASING SIZE <u>5 1/2</u>	DEPTH <u>4484'</u>	AMOUNT ORDERED <u>2.305kg ASC 16% salt</u>
TUBING SIZE	DEPTH	<u>290gal 5# grtsonite</u>
DRILL PIPE	DEPTH	<u>12 bbl. Mud Clean, 1 gal KCL</u>
TOOL PORT COLLAR	DEPTH <u>2167'</u>	
PRES. MAX	MINIMUM	COMMON _____ @ _____
MEAS. LINE	SHOE JOINT <u>24.71'</u>	POZMIX _____ @ _____
CEMENT LEFT IN CSG. <u>24.71'</u>		GEL _____ @ _____
PERFS.		CHLORIDE _____ @ _____
DISPLACEMENT <u>106.13 bbl</u>		ASC <u>LBASA 2305kg</u> @ <u>23.50</u> <u>5405.00</u>
EQUIPMENT		
PUMP TRUCK # <u>422</u>	CEMENTER <u>Karane E. Wolfe</u>	<u>grtsonite 1150#</u> @ <u>.98</u> <u>1127.00</u>
BULK TRUCK # <u>373/308</u>	DRIVER <u>Ramiro Zavala (TWS)</u>	<u>grtsonite</u> @ _____
BULK TRUCK # _____	DRIVER _____	<u>Mad Clean 12.661</u> @ <u>31.09</u> <u>493.08</u>
		<u>CCC-100</u> @ _____
		<u>KCL 1 gal</u> @ <u>34.40</u> <u>34.40</u>
		<u>Material</u> @ _____
		<u>(1,411.89/20%)</u> @ _____
		HANDLING <u>294.03 FP</u> @ <u>2.48</u> <u>729.19</u>
		MILEAGE <u>12.847ex X 23 X 2.75</u> <u>812.13</u>
		TOTAL _____

REMARKS:
Pump ball through 1100#. Pump Super
Slushy, Pump KCL water, P Coll R.H. 30%
Mix 2005/13 Cement. Displacement
water, Land plug 1760#. Float
held.

Thank you

CHARGE TO: Black Tea

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE	
DEPTH OF JOB	_____
PUMP TRUCK CHARGE	<u>2765.75</u>
EXTRA FOOTAGE	@ _____
MILEAGE (M.F.H)	<u>23</u> @ <u>7.70</u> <u>177.10</u>
MANIFOLD	_____ @ _____
<u>MFCU</u>	<u>23</u> @ <u>4.40</u> <u>101.20</u>
	@ _____
	<u>(97208/20%)</u> <u>4860.37</u>
	TOTAL _____

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PLUG & FLOAT EQUIPMENT	
<u>Weatherford</u>	_____
<u>Port Collar</u>	@ _____ <u>3590.00</u>
<u>APU Float Shoe</u>	@ _____ <u>545.00</u>
<u>hatch down pipe</u>	@ _____ <u>660.00</u>
<u>Purifiers</u>	@ _____ <u>9500</u> <u>760.00</u>
<u>Baskets</u>	(3) @ _____ <u>39500</u> <u>1185.00</u>
	(0%)
	TOTAL <u>6740.00</u>

PRINTED NAME John L. [Signature]

SIGNATURE _____

SALES TAX (If Any) _____

TOTAL CHARGES 18,659.85

DISCOUNT 2,383.97(20%) IF PAID IN 30 DAYS

16,275.88 Net