



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, LLC

Lease: Ellis #1

Description: New Well Completion

Sec.23 Twp.14S Rng. 32W

County: Logan

KB- 9'

T.D.- 4480'

Port collar- 2200 sks- 400

5 1/2- 4504' sks- 200

Perfs: Morrow-4408-36', Johnson- 4390-96', 4382-86', Cherokee- 4308-14',
Pawnee- 4247-68', Alt.- 4226-40', Marm-4168-72', C- 3846-50' 4 SPF 39 gram

Tubing: Mud anchor- 4400', 10 joints, tubing anchor- 4075', 125 joints on top,
total ran 135 joints

Pump: 2 1/2 x 1 1/2 x 12 x RWT

Rods: 12' gas anchor, plunger, 8- sinker bars, 10-7/8, 85- 3/4, 72-7/8, 1 1/4 x 22'
polish rod, 10' liner

10/22/14

MIRU Ultimate Well Service and laid well out and shut down.

10/24/14

MIRU Professional Pulling Service and ran tubing in and compressor went out on rig, SD.

10/25/14

Finished running rods and RDMO.

Black Tea Oil, LLC

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Perfs: Morrow-4408-36', Johnson- 4390-96', 4382-86', Cherokee- 4308-14',
Pawnee- 4247-68', Alt.- 4226-40', Marm-4168-72', C- 3846-50' 4 SPF 39 gram

Tubing: 132 joints

Pump: Baker Hughes Submersible- 4412.49'

Rods: No Rods

7/31/14

MIRU K&M Rig 3 pulled rods out in singles and shut down.

8/1/14

Pulled tubing out of hole, shut down waiting on submersible pump.

8/4/14

MIRU Baker Centralift and RIH with submersible pump, ran 132 joints, pump at-4412.49', started well.

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County: Logan

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Port collar- 2200 sks- 400

5 1/2- 4504' sks- 200

Perfs: Morrow-4408-36', Johnson- 4390-96', 4382-86', Cherokee- 4308-14',
Pawnee- 4247-68', Alt.- 4226-40', Marm-4168-72', C- 3846-50' 4 SPF 39 gram

Tubing: Puge valve, 1 joint- 4440, 3' perf sub, 2 1/2 x 2 1/4 x12 x 15 x 16 pampa
gas pump barrel, 13 joints, tubing anchor-4000', 122 joints on top, total tubing
ran- 136

Pump: 2 1/2 x 2 1/4 x 12 x 15 x 16 Pampa gas pump

Rods: 12' gas anchor, plunger, 8- sinker bars, 10-7/8, 85- 3/4, 72-7/8, 1 1/4 x 22'

polish rod, 10' liner

7/7/14

MIRU CWS, MIRU Pioneer Wireline and ran gamma cement bond log, rigged up casing swab and swabbed well dry, MIRU K&L Tank and dropped 35 bbl swab down well to perf in. MIRU Pioneer Wireline and perforated the Morrow-4408-36' 4 SPF 39 gram, swabbed well down to 3000' shut down.

7/8/14

MIRU Dans Packer and RIH with Blg bore model R, RIH with swab tagged fluid at 1900' from surface, pulled 1100' all oil, MIRU Kansas Acid, treated with 1500 gals 15% INS, broke @ 2100#- 1 bbl min at 1000#, inc rate slowly to 4 bbl min 1500#, ISIP- 900#, total load- 62 bbl, 10 min down to 550#, flowed back and started swabbing, swab down- 32 bbl, 31 % oil, RBIH with and rec. 220' all oil, MIRU Kansas Acid and spotted 3000 gal diesel with MAS, pulled packer, MIRU Gore Nitrogen and did 58000# Nitrogen sand frac, max pressure- 3424#, avg. press.- 2603#, Max rate- 15.7 bbl, Avg rate- 14.5 bbl min, ISIP-2607', 15 min- 2220#, total load- 477 bbl.

7/9/14

MIRU Fischer Well service, flowed back 60 bbl, swab tested, 1st hour- 30 bbl @ 20% oil, 2nd hour- 30 bbl- 37.5 % oil, RIH w/ casing jars and made it to TD- 4480', shut down.

7/10/14

Checked pressures- 750#, bled pressure down, MIRU Pioneer wireline, couldnt get down past 4080', RIH with casing jars and made it down to 4153', RIH with sand pump, made 1 run, RDMO. MIRU K&M Rig 3 and RIH with bulldog bailer and hit a bridge at 4080', ran down to 4370' tagged sand, cleaned out to TD- 4480' pulled bailer and tubing, MIRU Pioneer wireline and perforated the

johnson, cherokee, pawnee, Alt, Marm. 4 SPF 39 gram, shut down at 11 p.m.

7/11/14

MIRU Dans Packer and RIH with plug and packer and isolated the Johnson perfs
MIRU Kansas Acid and treated with 3000 gal 15% INS, 50% perf balls, broke at
600#, .3 bbl min, 1.5 bbl in, inc. to 1 bbl min- 600#, inc.rate to 2 bbl min- 700#,
slowly inc. rate to 3.5 bbl min- 750#, avg. rate 3.5 - 4 bbl min, avg pressure-
700#, ISIP- 500#, 5 min down to 300#, released back started swabbing, swab
down- 60bbl, FL 1000' from surface- 23% oil, well kicked off flowing- 28% oil,
swab for 1 hour and rec. 35 bbl - 85% oil, moved tools up and isolated the
cherokee perfs, MIRU Kansas Acid and treated with 250 gal 15% INS, broke at
1000#, feeding at .5 bbl min- 900#, ISIP- 800#, total load- 32.5 bbl, swab down
24 bbl, RBIh and pulled 100' all oil, retreated with 1500 gal 15% INS, moved
tools up and treated the pawnee and Alt. with 3000 gal and perf balls, 4 bbl
min- 700#, ISIp- 300#, swab down- 45 bbl, RBIH and had 500'- 10% oil, shut
down.

Summary of Changes

Lease Name and Number: Ellis 1
 API/Permit #: 15-109-21307-00-00
 Doc ID: 1248481
 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	09/08/2014	04/27/2015
CasingPurposeOfString PDF_1	SURFACE	Surface
CasingPurposeOfString PDF_2	PRODUCTION	Production
CasingSettingDepthPDF F_1	250	265
CasingSettingDepthPDF F_2	4500	4503
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement Circulated From		2196
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		400
Method Of Completion - Commingled	No	Yes
Multiple Stage Cementing Collar Depth	2100	2196
Perf_Material_1		see attached report
Perf_Record_1		see attached report
Plug Back Total Depth	4500	4480
Producing Formation	KANSAS CITY / JOHNSON	See Attached Report
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1222088	../../../../kcc/detail/operatorEditDetail.cfm?docID=1248481
TopsDatum1	-1307	-1623
TopsDatum2		-1597
TopsDatum3		-1523
TopsDatum4		-1462
TopsDatum5		-1441

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsDatum6		-1383
TopsDatum7		-1061
TopsDepth1	4092	4408
TopsDepth2		4382
TopsDepth3		4308
TopsDepth4		4247
TopsDepth5		4226
TopsDepth6		4168
TopsDepth7		3846
TopsName1	KANSAS CITY	morrow
TopsName2		Johnson
TopsName3		cherokee
TopsName4		pawnee

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsName5		altamont
TopsName6		marmaton
TopsName7		Kansas City
Total Depth	4500	4480

Summary of Attachments

Lease Name and Number: Ellis 1

API: 15-109-21307-00-00

Doc ID: 1248481

Correction Number: 1

Attachment Name



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1222088
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
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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 063463

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Oakley

DATE <u>6-22-14</u>	SEC. <u>23</u>	TWP. <u>14</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION <u>9:00pm</u>	JOB START <u>11:00pm</u>	JOB FINISH <u>11:30pm</u>
LEASE <u>Ellis</u>	WELL # <u>1</u>	LOCATION <u>Oakley 205 E into</u>			COUNTY <u>Lipan</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Landmark Co
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 265'
 CASING SIZE 8 7/8 DEPTH 21-5'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 15
 PERFS.
 DISPLACEMENT 15.92 bbl

OWNER Same
 CEMENT
 AMOUNT ORDERED 180 sks com
3% cc 2% ga

EQUIPMENT
 PUMP TRUCK CEMENTER Andrea Ferland
 # 431 HELPER Brandon Wilkinson
 BULK TRUCK
 # 891 DRIVER John (TWS)
 BULK TRUCK
 # DRIVER

COMMON 180 sks @ 12.89 3222.00
 POZMIX @
 GEL 308# @ 1.05 354.20
 CHLORIDE 507# @ 1.10 557.20
 ASC @
 @
Material Test @ 4134.40
 @
 @ (206.88/20)
 @
 @
 @
 @
 HANDLING 194.62 c/yft @ 2.48 482.66
 MILEAGE 2.75 per mile @ 9.00 24.75
9.00 24.75
 TOTAL

REMARKS:

Cement did circulate
Thank you
 CHARGE TO: Black tea
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 265'
 PUMP TRUCK CHARGE 1572.25
 EXTRA FOOTAGE @
 MILEAGE 20 miles @ 7.20 154.00
 MANFOLD head @ 225.00
Light vehicle @ 4.40 88.00
 @
(600.06/20) TOTAL 3,000.31

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 _____

SIGNATURE Robert Maldonado

SALES TAX (If Any) _____
 TOTAL CHARGES 7,134.71
 DISCOUNT 1,406.94 (20%) IF PAID IN 30 DAYS
5,707.76 Net.



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

TICKET 26375

PAGE 1 OF 2

SERVICE LOCATIONS
 1. **Ness City, KS** WELL/PROJECT NO. **ELLIS # 1** LEASE
 2. **LAUDMARK DRILLING RIG # 6** CONTRACTOR **LOGAN** COUNTY/STATE **LOGAN** RIG NAME/NO. **LOGAN** STATE **KS** CITY **OKMLEY, KS.** DATE **15 July 14** OWNER
 3. **DIL** WELL TYPE **DEVELOPMENT** WELL CATEGORY **52 HOUSESTRINGS** SHIPPED VIA **DELIVERED TO** ORDER NO.
 4. **DIL** WELL TYPE **DEVELOPMENT** WELL CATEGORY **52 HOUSESTRINGS** WELL PERMIT NO. **S. To River, N, E 150** WELL LOCATION

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE # 115	80	mi			6.00	480.00
578					PUMP CASKETS	15	EA			15.00	225.00
403					CEMENT BASKETS	3	EA			300.00	900.00
404					PORT COLLAR	1	EA			2900.00	2900.00
406					LATCH DOWN PLUG & BAFFLE	1	EA			275.00	275.00
407					INSERT FLOAT SHADE W/FILL	1	EA			375.00	375.00
409					TURBIDERS	12	EA			90.00	1080.00
419					ROTATING HEAD RENTAL	1	JOB			200.00	200.00
281					MUD FLUSH	500	gal			1.25	625.00
221					LIQUID KEL	2	gal			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
 REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

DATE SIGNED **2 July 14** TIME SIGNED **0630** A.M. P.M.
 SWIFT OPERATOR **[Signature]** APPROVAL **[Signature]**
 CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 TOTAL 15,307.29
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE: July 14 PAGE NO.

CUSTOMER: BLACK TEA WELL NO. LEASE: ELLIS #1 JOB TYPE: 5 2 LONGSTRING TICKET NO. 26375

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0230D							ON LOCATION
	0145							START PIPE 5 1/2 - 15.5 # RTD @ 4506 SET @ 4503 SHOE JT. 17' CENTRALIZERS 1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 56 BASKETS 2, 54, 55 PORT COLLAR # 55 @ 2196
	0400							DROP BALL - CIRCULATE
	0458	6	12		✓		300	Pump 500 gal MUD FLUSA
		6	20		✓		300	Pump 20 Bbl KCL SPACER
	0503		7					PLUG RH - 30sx
	0506	4	48 1/2		✓			MIX 200 SX EA-2
	0522							WASH OUT Pump & LINES.
	0525	6			✓			START DISPLACING PLUG
	0543	Ø	107		✓		1500	PLUG DOWN - LATCH PLUG IN
	0545				✓			RELEASE PSI - DRY
	0548							WASH TRUCK
	0615							JOB COMPLETE THANKS # 115 JASON DOUG ISAAC.