

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](mailto: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: <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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**Black Tea Oil, LLC**

Lease: Ellis #2

Sec.      Twp.                      Rng.

County: Logan

KB- 9'

T.D.-

Port collar-              sks-

5 1/2-              sks-

Perfs: Morrow-4426-47', Johnson- 4376-81', Ft Scott- 4290-4300'

Tubing: 134 joints, 2- 10' subs

Pump: Baker submersible

Rods: No Rods

7/30/14

MIRU Ultimate Well service and long stroked well, couldnt get well to pump, tried getting on standing valve, pulled rods and tubing and started swabbing, 1st hour- 40 bbl all oil, 2nd hour- 40 bbl all oil, shut down.

7/31/14

RIH with 2 1/2 x2 x14' RWT, and rods and hung well on, longstroked well, pressured up to 350#, started well, it pumped for 5 min and quit pumping,

**RDMO, MIRU Express well and pulled rods and shut down.**

**8/1/14**

**RIH with rods and laid rods back out in singles, pulled tubing and shut down.**

**8/4/14**

**RIH with Baker Hughes Centrilift submersible pump, ran 134 joints and 2 10' subs.**

## Summary of Changes

Lease Name and Number: Ellis 2  
 API/Permit #: 15-109-21308-00-00  
 Doc ID: 1248487  
 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	10/21/2014	04/27/2015
CasingPurposeOfString PDF_1	SURFACE	Surface
CasingPurposeOfString PDF_2	PRODUCTION	Production
CasingSettingDepthPDF F_1	250	265
CasingSettingDepthPDF F_2	4500	4516
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement Circulated From		2231
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	2231
Perf_Material_1		see attached report
Perf_Record_1		see attached report
Plug Back Total Depth		4517
Producing Formation	KANSAS CITY / JOHNSON	Morrow, Johnson, Ft Scott
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1228407	../../../../kcc/detail/operatorEditDetail.cfm?docID=1248487
TopsDatum1	-1307	-1636
TopsDatum2		-1586
TopsDatum3		-1500
TopsDepth1	4097	4426
TopsDepth2		4376

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsDepth3		4290
TopsName1	KANSAS CITY	morrow
TopsName2		Johnson
TopsName3		ft scott
Total Depth	4500	4517



## Summary of Attachments

Lease Name and Number: Ellis 2

API: 15-109-21308-00-00

Doc ID: 1248487

Correction Number: 1

Attachment Name



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1228407  
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 16920 063350

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

*Dakley K*

DATE <i>7/7/14</i>	SEC <i>22</i>	TWP. <i>14</i>	RANGE <i>32</i>	CALLED OUT	ON LOCATION	JOB START <i>7:30pm</i>	JOB FINISH <i>8:00pm</i>
LEASE <i>Ellis</i>	WELL # <i>2</i>	LOCATION <i>Dakley 205 3/4 E</i>		COUNTY <i>Logan</i>	STATE <i>KY</i>		
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR *Landmark O*

TYPE OF JOB *Surface*

HOLE SIZE *12 1/4* T.D. *265*

CASING SIZE *8 5/8* DEPTH *265*

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_

CEMENT LEFT IN CSG. *15'*

PERFS. \_\_\_\_\_

DISPLACEMENT *15.92*

OWNER *Same*

CEMENT AMOUNT ORDERED *180 Com 370 CC*

*270 gel*

COMMON	<i>180</i>	@	<i>17.20</i>	<i>3096.00</i>
POZMIX		@		
GEL	<i>338</i>	@	<i>1.05</i>	<i>354.90</i>
CHLORIDE	<i>508</i>	@	<i>1.10</i>	<i>558.80</i>
ASC		@		
Material total				<i>4136.10</i>
<i>(821.23/20%)</i>				
HANDLING				<i>482.56</i>
MILEAGE <i>25</i>				<i>488.2</i>
				<i>194.50</i>
				<i>2.48</i>
TOTAL				<i>488.2</i>

EQUIPMENT

PUMP TRUCK CEMENTER *Alan Ryan*

*423-201* HELPER *Kevin Ryan*

BULK TRUCK # *810* DRIVER *Alan F. Poe*

BULK TRUCK # \_\_\_\_\_ DRIVER \_\_\_\_\_

REMARKS:

*Run Casing Circulate, Mix Cement, Displace Cement, Shut in*

*Cement Dil Circulate*

*Frank Y...*

*Alan Ryan*

CHARGE TO *Black Tea*

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE

DEPTH OF JOB \_\_\_\_\_

PUMP TRUCK CHARGE *1512.22*

EXTRA FOOTAGE @ \_\_\_\_\_

MILEAGE *20* @ *7.20* *154.00*

MANIFOLD *20* @ *4.10* *82.00*

*(600.07/20%)* TOTAL *3,000.38*

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 *Robert Muldoon*

SIGNATURE \_\_\_\_\_

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES *7,136.50*

DISCOUNT *1,427.30/20%* IF PAID IN 30 DAYS

*5,709.20 Net.*



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

TICKET 25513

PAGE 1 OF 2

1. SERVICE LOCATIONS: Wells, KS WELL/PROJECT NO. 5113 LEASE Ellis COUNTY/PARISH Logan STATE KS CITY  
 2. Ness City, KS TICKET TYPE  SERVICE CONTRACTOR Landmark RIG NAME/NO. CT DELIVERED TO 5/24/19, KS DATE 7-12-14 OWNER  
 3. WELL TYPE 011 WELL CATEGORY in Field JOB PURPOSE Cement Logging WELL PERMIT NO. WELL LOCATION

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT							
575				MILEAGE #113	100	mi			400	40000
578				Ramp Change - CNT Logging	1	ea			15000	15000
821				Liquid KCl	2	gal			2500	5000
881				Mud Flush	500	gal			125	62500
990				D-Air	6	gal			4200	25200
402				Centrals	1	ea			2000	84000
403				Cement Basket	3	ea			3000	90000
404				Rnt Baller	1	ea			2900	29000
406				Cat & Down Baffle Plug	1	ea			2750	27500
407				Insert Floor Shoe w/ Auto-RLD	1	ea			37500	37500
419				Rotating Head Rental	1	ea			20000	20000

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: 7-12-14 TIME SIGNED: 0100  A.M.  P.M.  
 REMIT PAYMENT TO:  
 SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

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.  
 SURVEY:  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 SATISFACTORILY?  ARE YOU SATISFIED WITH OUR SERVICE?  
 CUSTOMER DID NOT WISH TO RESPOND

Thank You!



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

TICKET CONTINUATION

TICKET No. 25513

CUSTOMER *Black Tea* WELL *42 E1115* DATE *7-12-14* PAGE *2* OF *2*

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	WELL				UNIT PRICE	AMOUNT	
		LOC	ACCT	DF			QTY.	UM	QTY.	UM			
325		2				<i>Stouelard cart</i>	<i>230</i>	<i>SKS</i>	<i>21600</i>	<i>lbs</i>		<i>1450</i>	<i>3335.00</i>
276		2				<i>Flacole</i>	<i>58</i>	<i>lbs</i>				<i>250</i>	<i>14500</i>
283		2				<del>Flacole</del> <i>Salt</i>	<i>1150</i>	<i>lbs</i>				<i>30</i>	<i>23000</i>
284		2				<i>Calced</i>	<i>1281</i>	<i>lbs</i>	<i>11</i>	<i>SKS</i>		<i>3500</i>	<i>385.00</i>
285		2				<i>CFR-1</i>	<i>128</i>	<i>lbs</i>				<i>450</i>	<i>48000</i>
581		2				SERVICE CHARGE <i>Cement</i>			<i>230</i>	<i>SKS</i>		<i>200</i>	<i>46000</i>
583		2				MILEAGE CHARGE <i>24217</i> TOTAL WEIGHT <i>15</i> LOADED MILES <i>700</i>			<i>1200.85</i>			<i>120</i>	<i>1200.85</i>

CONTINUATION TOTAL *62 41.85*

JOB LOG

SWIFT Services, Inc.

DATE 7-12-14 PAGE NO. 1

CUSTOMER *Black Tea* WELL NO. *#2* LEASE *Ellis* JOB TYPE *Cement Longstring* TICKET NO. *25513*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		TD-4517	DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING		
	0045								On location w/ float Equip
	0100								Rig cir D.P. Start Laying down D.P
	0520								Start 5 1/2 - 15 #/ft. casing to 4516' Insert Float shoe w/ Auto-fld L.D. Baffle - SJ-18' = 4498' <b>(107 BBI)</b> Cent 1-3-5-7-9-11-13-15-17-19-21-54 Baskets #2-55-57 Port Collar #55 @ 2231
	0720								Fin casing - Fill up Ball 5 Its out Tang
	0730								start cir/Rotate
	0830								Fin cir
			7						Plug RH - 30 SKS cont
	0840	5	12				200		Pump 50 gal Mud flush
		5 1/2	20				200		Pump 20 BBI KCL flush
		4 1/2					200		Start 200 SKS EA-2 - cont
		4	49				Var		Fin cont Wash out pump & lines Drop L.D. Plug.
		9					300		Start Displ
		75					300		caught cont lift
		8	85				500		slow rate
		7	95				600		slow rate
		6 1/2	100				800		slow rate
	0915		107				1500		Plug Down - Hold - Release & Hold
							1000		last cir press 1200 #
	0930								Job Complete
									Wash up & Realign
	0945								<i>[Signature]</i> Don, JON & Isaac