Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1248850

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Produc	er (Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
	Dewatering method used:
Dual Completion Permit #: SWD Permit #:	 Location of fluid disposal if hauled offsite:
ENHR Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	— Quarter Sec TwpS. R East West
Recompletion Date Recompletion Date	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:

CORRECTION #1

1248850

Operator Na	me:			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 (Attach Additional St	heets)	Yes No		-	on (Top), Depth ar		Sample
Samples Sent to Geolo	ogical Survey	Yes No	Nar	me		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
			RECORD	New Used	tion 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
		ADDITIONA	L CEMENTING / SC)		1
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and P	ercent Additives	
Protect Casing Plug Back TD Plug Off Zone							
	tal base fluid of the hyd	on this well? Iraulic fracturing treatment e n submitted to the chemical	-	IS? Yes Yes Yes	No (If No, ski	ip questions 2 ar ip question 3) out Page Three	
Shots Per Foot		ON RECORD - Bridge Plu Footage of Each Interval Pe			acture, Shot, Cement Amount and Kind of Ma		d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		

Estimated Production Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio	Date of First, Resumed Production, SWD or ENHR.			g Method:				
			Flowin	ng Pum	ping Gas Lift	Other (Explain)		
	Estimated Production Per 24 Hours	Dil Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
Vented Sold Used on Lease	Open Hole Perf. Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)	
(If vented, Submit ACO-18.)	Other (Specify)	

Form	ACO1 - Well Completion
Operator	Black Tea Oil, LLC
Well Name	Ellis 3
Doc ID	1248850

Casing

	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	23	264	common	200	
Production	8.625	5.5	15.5	4550	common	230	

Black Tea Oil

Ellis 3

RTD 4550

LTD 4536

Port Collar @ 2251 290 sks

5 ½ set @ 4550 ? sks

8 5/8 set @ 264' 200 sks

Perfs

Morrow 4443-54, 4423-28 Johnson 4416-17, 4396-4400 Treated morrow and Johnson together with 3000 gal 15% INS

Pawnee 4282-87, 4274-78 3000 gal 15% INS

Summary of Changes

Lease Name and Number: Ellis 3 API/Permit #: 15-109-21315-00-00

Doc ID: 1248850

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	250	264
Approved Date	10/21/2014	04/27/2015
CasingNumbSacksUse dPDF_1	180	200
CasingSettingDepthPD F_1	250	264
CasingSettingDepthPD F_2	4500	4550
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement	2100	2251
Circulated From If Alternate II Completion - Sacks of	450	290
Cement Method Of Completion - Commingled	No	Yes

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value	
Multiple Stage Cementing Collar Depth	2100	2251	
Perf_Record_1		See Attached Report	
Plug Back Total Depth	4500	4536	
Producing Formation	Kansas City/Johnson	Morrow/Johnson	
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12	//kcc/detail/operatorE ditDetail.cfm?docID=12	
TopsDatum1	28719 -1307	48850 -1627	
TopsDatum2		-1600	
TopsDepth1	4094	4423	
TopsDepth2		4396	
TopsName1	Kansas City	Morrow	
TopsName2		Johnson	
Total Depth	4500	4550	

Summary of Attachments

Lease Name and Number: Ellis 3 API: 15-109-21315-00-00 Doc ID: 1248850 Correction Number: 1 Attachment Name



Confidentiality Requested:

CONFIDENTIAL

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1228719

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW □ Gas □ D&A □ ENHR □ SIGW	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW ☐ OG ☐ GSW ☐ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHB Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Recompletion Date	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:

KOLAR Document ID: 1228719

Operator Nam	ne:			Lease Name:	_ Well #:
Sec	Twp	S. R	East West	County:	

Page Two

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.

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Drill Stem Tests Taken (Attach Additional Sh	eets)	Y	es 🗌 No			og Formatio	n (Top), Depth	and Datum	Sample
Samples Sent to Geolog	*		és 🗌 No	Ν	lame	e		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:			ies No ies No ies No						
		Repo	CASING I] Ne	w Used rmediate, productio	on, etc.		
Purpose of String	Size Hole Drilled		ze Casing tt (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Туре	e of Cement	# Sacks Used	k		Type and	Percent Additives	
Protect Casing Plug Back TD Plug Off Zone									
 Did you perform a hydra Does the volume of the is Was the hydraulic fractu Date of first Production/Inj 	total base fluid of the h ring treatment informa	nydraulic fra tion submit	acturing treatment	al disclosure regis	-	Yes ns? Yes Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three	
Injection:			Flowing	Pumping		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er Bb	ls.	Gas-Oil Ratio	Gravity
DISPOSITION	I OF GAS:		M	ETHOD OF COM	IPLE	TION:			ON INTERVAL:
Vented Sold (If vented, Subm	Used on Lease		Open Hole		-		mingled	Тор	Bottom
	oration Perfora Top Botto		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeeze	
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Black Tea Oil, LLC
Well Name	Ellis 3
Doc ID	1228719

Casing

	Size Hole Drilled	Size Casing Set	U U	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	16	250	common	180	
Production	8.625	5.5	20	4500	common	230	

ALLIED OIL & GAS SERVICES, LLC .063259 Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999 SOUTHLAKE TEVAS 700

SOUTHLAKE, TEXAS 76092	SERVICE POINT:
SEC. TWP. RANGE	
DATE 7-12-14 23 14 32	CALLED OUT ON LOCATION JOB START JOB FINISH
LEASE EILS WELL # 3 LOCATION	COUNTY STATE
OLD OD STATISTICS	Kley 3 to tayhowk Rd Logan KS
122.31	n to
CONTRACTOR / and sup 1 = 6	OWNER Saline
TYPE OF JOB JUIFACE	
HOLE SIZE 12/4 T.D. 264 CASING SIZE 878 DEPTH 264	CEMENT
TUDINO 0175	AMOUNT ORDERED 180 5165 COM 35/1/CC
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TOOL	
DDEC MAY	
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DISPLACEMENT 153/4	CHLORIDE @ 110 558.36
	ASC@
EQUIPMENT	- A A Concerta o
	I C. Venc U lester 41352K
PUMPTRUCK CEMENTER Kelly Gabel	
# 4/22 HELPER(OGYNE/MEGACHY	02705/2001
BULK TRUCK	@
# 8914287 DRIVER JONNP (TWS)	@
BULK TRUCK	@
# DRIVER	@ 48766
	- HANDLING 1941, 62 cont @ 2 45 412-200
	MILEAGE 8.46 tonx 20x 2.75 46532
REMARKS:	TOTAL
Digood UD	TOTAL
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displaced with wheter	SERVICE
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	DEPTH OF JOB 264' PUMP TRUCK CHARGE 15D 35
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STREET	TOTAL ALADA
CITY STATE ZID	
CITYSTATEZIP	
	PLUG & FLOAT EQUIPMENT
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	@
fo: Allied Oil & Gas Services, LLC.	
ou are hereby requested to rent cementing equipment	@
nd furnish cementer and helper(s) to assist owner or	
ontractor to do work as is listed. The above work was	
one to satisfaction and supervision of owner agent or	τοται
ontractor. I have read and understand the "GENERAL	
ERMS AND CONDITIONS" listed on the reverse side	SALES TAX (If Any)
RINTED NAME ROBA Maldonaria	TOTAL CHARGES 6.37.91
RINTED NAME 2034 MURONAD	DISCOUNT 367. 49(204) FPAID IN 30 DAYS
	IN TAID IN 50 DATS
IGNATURE	5,469.97 Net.

ank Xa		o RESPOND es listed on this ticket	CUSTOMER DID NOT WISH TO RESPOND eipt of the materials and services listed on	wledges receipt of the	CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket	CUSTOMER ACCEPTANCE OF MATE	SWIFT OPERATOR
15 2.85 4.2	F		YOU SATISFIED WITH OUR SERVICE?	ARE YOU SATISFIE	785-798-2300	TIME SIGNED A.M.	DATESIGNED 7 -16-14
827 42	L. 65%		JOB JOB		P.O. BOX 466		START OF WORK OR DELIVERY OF GOODS
14455 Sicc	Subtotal		2 S IOUT DELAY?	MET YOUR NEEDS? OUR SERVICE WAS PERFORMED WITHOUT DELAY?	SWIFT SERVICES, INC.	INS.	LIMITED WARRANTY provisions
2571 20	page 2		PERFORMED OWN? AND	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? WE UNDERSTOOD AND	NEIVIT PATIVIENT TO:	everse side hereof which include, T, RELEASE, INDEMNITY, and	the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT , RELEASE , INDEMNITY , and
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