



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 _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ Recompletion Date _____

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
--	---

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

Free B1

RTD @ 4610

LTD @ 4573

5 ½ Casing set @ 4609' 180 sks

Surface

Port Collar 2365' 500 sks 1 inch 170 sks

Perfs

Morrow 4493-4516

Johnson 4464-70

Pawnee 4408-28

Came back and squeezed perfs off with 150 sks

Summary of Changes

Lease Name and Number: Free B 1

API/Permit #: 15-109-20808-00-01

Doc ID: 1248499

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	10/23/2014	04/14/2015
CasingNumbSacksUse dPDF_1		230
CasingNumbSacksUse dPDF_2		180
CasingPurposeOfString PDF_1		Surface
CasingPurposeOfString PDF_2		Production
CasingSettingDepthPD F_1		265
CasingSettingDepthPD F_2		4609
CasingSizeCasingSetP DF_1		8.625
CasingSizeCasingSetP DF_2		5.5

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
CasingSizeHoleDrilledP DF_1		12.25
CasingSizeHoleDrilledP DF_2		8.625
CasingTypeOfCementP DF_1		common
CasingTypeOfCementP DF_2		common
CasingWeightPDF_1		15.5
CasingWeightPDF_2		23
If Alternate II Completion - Cement Circulated From If Alternate II Completion - Cement Circulated To If Alternate II Completion - Sacks of Cement Multiple Stage Cementing Collar Depth	2100	2365
Plug Back Total Depth	5000	4573
Save Link	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12 28752	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12 48499
TopsDatum1	-1307	-1298

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total Depth	5000	4610

Summary of Attachments

Lease Name and Number: Free B 1

API: 15-109-20808-00-01

Doc ID: 1248499

Correction Number: 1

Attachment Name



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1228752
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
-----------------------------------	-----------------	---

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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FIELD RECEIPT NO. 10011096986



CUSTOMER		BLACK TEA OIL LLC		CREDIT APPROVAL NO.		PURCHASE ORDER NO.		CUSTOMER NUMBER		INVOICE NUMBER					
MAIL INVOICE TO		STREET OR BOX NUMBER 1011 CENTENNIAL BOULEVARD, SUITE B				CITY HAYS		STATE Kansas		ZIP CODE 67601					
DATE WORK COMPLETED		MO. DAY YEAR 09 13 2014		BHI REPRESENTATIVE Lucas Kelly		WELL API NO. 15109208080001		WELL TYPE New Well							
DISTRICT PP, PERRYTON				JOB DEPTH(ft) 4,500		WELL CLASS Oil									
WELL NAME AND NUMBER FREE B #1				TD WELL DEPTH(ft)		GAS USED ON JOB No Gas									
WELL LOCATION :		LEGAL DESCRIPTION 22-13S-34W		COUNTY/PARISH Logan		STATE Kansas		JOB TYPE CODE Long String							
PRODUCT CODE		DESCRIPTION		UNIT OF MEASURE		QUANTITY		LIST PRICE UNIT		GROSS AMOUNT		% DISC.		NET AMOUNT	
100022		Class H Cement		sacks		85		40.100		3,408.50		45%		1,874.68	
100275		Sodium Metasilicate		lbs		75		4.100		307.50		45%		169.13	
100295		Cello Flake		lbs		43		5.100		219.30		45%		120.62	
100404		Sodium Chloride		lbs		257		0.520		133.64		45%		73.50	
488073		FL-62		lbs		75		21.550		1,616.25		45%		888.94	
499634		Kol-Seal, 50 lb bag		lbs		680		1.250		850.00		45%		467.50	
499702		ClayCare, tote		gals		5		147.000		735.00		45%		404.25	
L398463-00		SealBond Spacer, w/ 45 lb bag		bbls		20		278.000		5,560.00		45%		3,058.00	
L425411-00		Lafarge Red Rock Poz		sack		85		16.400		1,394.00		45%		766.70	
		SUB-TOTAL FOR Product Material								14,224.19		45.00%		7,823.32	
A152		Personnel Per Diem Chrg - Cement Svc		ea		1		210.000		210.00		0%		210.00	
M100		Bulk Materials Blending Charge		cu ft		221		5.450		1,204.45		45%		662.45	
		SUB-TOTAL FOR Service Charges								1,414.45		38.32%		872.45	
ARRIVE LOCATION :		MO. DAY YEAR 09 12 2014		TIME 17:26		SERVICE ORDER: I AUTHORIZE WORK TO BEGIN PER SERVICE INSTRUCTIONS IN ACCORDANCE WITH THE TERMS AND CONDITIONS PRINTED ON THE LAST PAGE OF THIS FORM AND REPRESENT THAT I HAVE AUTHORITY TO ACCEPT AND SIGN THIS ORDER.									
CUSTOMER REP. Gerald						SERVICE RECEIPT: I CERTIFY THAT THE MATERIALS AND SERVICES LISTED WERE RECEIVED AND ALL SERVICES PERFORMED IN A WORKMANLIKE MANNER.									
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS						CUSTOMER AUTHORIZED AGENT									
						<input checked="" type="checkbox"/> BHI APPROVED 									

FIELD RECEIPT NO. 10011096986



CUSTOMER		BLACK TEA OIL LLC		CREDIT APPROVAL NO.		PURCHASE ORDER NO.		CUSTOMER NUMBER		INVOICE NUMBER					
MAIL		STREET OR BOX NUMBER		CITY		STATE		ZIP CODE							
INVOICE TO		1011 CENTENNIAL BOULEVARD, SUITE B		HAYS		Kansas		67601							
DATE WORK COMPLETED		MO. DAY YEAR		BHI REPRESENTATIVE		WELL API NO:		WELL TYPE:							
09 13 2014		Lucas Kelly		15109208080001		New Well									
DISTRICT		PP, PERRYTON		JOB DEPTH (ft)		WELL CLASS:									
WELL NAME AND NUMBER		FREE B #1		TD WELL DEPTH (ft)		GAS USED ON JOB:									
WELL LOCATION :		LEGAL DESCRIPTION		COUNTRY/PARISH		STATE		JOB TYPE CODE :							
22-13S-34W		Cement Pumping, 4001 - 5000 ft		Logan		Kansas		Long String							
PRODUCT CODE		DESCRIPTION		UNIT OF MEASURE		QUANTITY		LIST PRICE UNIT		GROSS AMOUNT		% DISC.		NET AMOUNT	
F061A		Cement Pumping, 4001 - 5000 ft		6hrs		1		6,450.000		6,450.00		45%		3,547.50	
F090		Fuel per pump charge - cement		pump/hr		6		70.250		421.50		0%		421.50	
J050		Cement Head		job		1		830.000		830.00		45%		456.50	
J225		Data Acquisition, Cement, Standard		job		1		2,130.000		2,130.00		45%		1,171.50	
J390		Mileage, Heavy Vehicle		miles		440		11.850		5,214.00		45%		2,867.70	
J391		Mileage, Auto, Pick-Up or Treating Van		miles		880		6.700		5,896.00		45%		3,242.80	
J553		Circulating Equipment		job		1		2,380.000		2,380.00		45%		1,309.00	
J401		Bulk Delivery, Dry Products		ton-mi		1036		3.940		4,081.84		45%		2,245.01	
		SUB-TOTAL FOR Freight/Delivery Charges								4,081.84		45.00%		2,245.01	
		SUB-TOTAL FOR Equipment								23,321.50		44.19%		13,016.50	
		FIELD ESTIMATE								43,041.98		44.34%		23,957.28	

SERVICE ORDER: I AUTHORIZE WORK TO BEGIN PER SERVICE INSTRUCTIONS IN ACCORDANCE WITH THE TERMS AND CONDITIONS PRINTED ON THE LAST PAGE OF THIS FORM AND REPRESENT THAT I HAVE AUTHORITY TO ACCEPT AND SIGN THIS ORDER.

SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS

CUSTOMER AUTHORIZED AGENT

SERVICE RECEIPT: I CERTIFY THAT THE MATERIALS AND SERVICES LISTED WERE RECEIVED AND ALL SERVICES PERFORMED IN A WORKMANLIKE MANNER.

CUSTOMER AUTHORIZED AGENT

BHI APPROVED
Randy Platt



FIELD RECEIPT NO. 10011096986

CUSTOMER		BLACK TEA OIL LLC		CREDIT APPROVAL NO.	PURCHASE ORDER NO.		CUSTOMER NUMBER		INVOICE NUMBER	
MAIL		STREET OR BOX NUMBER		CITY		STATE		ZIP CODE		
INVOICE TO :		1011 CENTENNIAL BOULEVARD, SUITE B		HAYS		Kansas		67601		
DATE WORK COMPLETED	MO.	DAY	YEAR	BHI REPRESENTATIVE	WELL API NO:	WELL TYPE :	WELL CLASS :			
09	12	2014	2014	Lucas Kelly	15109208080001	New Well	Gas			
DISTRICT		PP, PERRYTON		JOB DEPTH (ft)		WELL DEPTH (ft)		GAS USED ON JOB :		
WELL NAME AND NUMBER		Free B #1		4,500		No Gas		JOB TYPE CODE :		
WELL LOCATION :		LEGAL DESCRIPTION		COUNTY/PARISH		STATE		JOB TYPE CODE :		
Sec 22-13S-34W		Logan		Kansas		Long String				
PRODUCT CODE	DESCRIPTION		UNIT OF MEASURE	QUANTITY	LIST PRICE UNIT	GROSS AMOUNT	% DISC.	NET AMOUNT		
100022	Class H Cement		sacks	85		1,874.68		1,874.68		
100275	Sodium Metasilicate		lbs	75		169.13		169.13		
100295	Cello Flake		lbs	43		120.62		120.62		
100404	Sodium Chloride		lbs	257		73.50		73.50		
488073	FL-62		lbs	75		888.94		888.94		
499634	Kot-Seal 50 lb bag		blbs	680		467.50		467.50		
L398463-00	SealBond Spacer, w/ 45 lb bag		sacks	20		3,058.00		3,058.00		
L425411-00	Lafarge Red Rock Poz		sack	85		786.70		786.70		
L488515-00 *	ClayCare, bulk		gals	5		404.25		404.25		
		SUB-TOTAL FOR Product Material						7,823.32		
A152	Personnel Per Diem Chrg - Cement Svc		ea	1		210.00		210.00		
M100	Bulk Materials Blending Charge		cu ft	221		662.45		662.45		
		SUB-TOTAL FOR Service Charges						872.45		
ARRIVE LOCATION :		MO.	DAY	YEAR	TIME	SERVICE ORDER: I AUTHORIZE WORK TO BEGIN PER SERVICE INSTRUCTIONS IN ACCORDANCE WITH THE TERMS AND CONDITIONS PRINTED ON THE LAST PAGE OF THIS FORM AND REPRESENT THAT I HAVE AUTHORITY TO ACCEPT AND SIGN THIS ORDER				
09		12	2014	17:26						
CUSTOMER REP.		Gerald								
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS		CUSTOMER AUTHORIZED AGENT								
		X		SERVICE RECEIPT: I CERTIFY THAT THE MATERIALS AND SERVICES LISTED WERE RECEIVED AND ALL SERVICES PERFORMED IN A WORKMANLIKE MANNER						
		X		CUSTOMER AUTHORIZED AGENT						
		X		BHI APPROVED						

FIELD RECEIPT NO. 10011096986



CUSTOMER		BLACK TEA OIL LLC		CREDIT APPROVAL NO.	PURCHASE ORDER NO.		CUSTOMER NUMBER		INVOICE NUMBER	
MAIL		STREET OR BOX NUMBER		CITY		STATE		ZIP CODE		
INVOICE TO :		1011 CENTENNIAL BOULEVARD, SUITE B		HAYS		Kansas		67601		
DATE WORK COMPLETED	MO.	DAY	YEAR	BHI REPRESENTATIVE	WELL API NO:	WELL TYPE :	WELL CLASS :			
09	12	2014	Lucas Kelly	15109208080001	New Well	Gas				
DISTRICT		PP, PERRYTON		JOB DEPTH (ft)	4,500	GAS USED ON JOB :				
WELL NAME AND NUMBER		Free B #1		TD WELL DEPTH (ft)		No Gas				
WELL LOCATION :		LEGAL DESCRIPTION		COUNTY/PARISH	STATE	JOB TYPE CODE :				
		Sec 22-13S-34W		Logan	Kansas	Long String				
PRODUCT CODE	DESCRIPTION		UNIT OF MEASURE	QUANTITY	LIST PRICE UNIT	GROSS AMOUNT	% DISC.	NET AMOUNT		
F061A	Cement Pumping, 4001 - 5000 ft		6hrs	1		3,547.50		3,547.50		
F090	Fuel per pump charge - cement		pump/hr	6		421.50		421.50		
J050	Cement Head		job	1		456.50		456.50		
J225	Data Acquisition, Cement, Standard		job	1		1,171.50		1,171.50		
J390	Mileage, Heavy Vehicle		miles	440		2,887.70		2,887.70		
J391	Mileage, Auto, Pick-Up or Treating Van		miles	880		3,242.80		3,242.80		
J553	Circulating Equipment		job	1		1,309.00		1,309.00		
J401		Bulk Delivery, Dry Products		ton-mi	1036			2,245.01		
		SUB-TOTAL FOR Freight/Delivery Charges						2,245.01		
		SUB-TOTAL FOR Equipment						13,016.50		
		FIELD ESTIMATE						23,957.28		

SERVICE ORDER: I AUTHORIZE WORK TO BEGIN PER SERVICE INSTRUCTIONS IN ACCORDANCE WITH THE TERMS AND CONDITIONS PRINTED ON THE LAST PAGE OF THIS FORM AND REPRESENT THAT I HAVE AUTHORITY TO ACCEPT AND SIGN THIS ORDER.

SERVICE RECEIPT: I CERTIFY THAT THE MATERIALS AND SERVICES LISTED WERE RECEIVED AND ALL SERVICES PERFORMED IN A WORKMANLIKE MANNER.

ARRIVE LOCATION : MO. 09 DAY 12 YEAR 2014 TIME 17:26

CUSTOMER REP. Gerald

SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS

CUSTOMER AUTHORIZED AGENT

BHI APPROVED

Operator Name: BLACK TEA OIL LLC
 Well Name: Free B #1
 Job Description: 5-1/2" x 7-7/8 OH - 4500' MD
 Date: September 5, 2014



Job ID: 10011096986 Estimate No: 1000776755

JOB SUMMARY/SERVICE ORDER

Depth (TVD)		4,500 ft
Depth (MD)		4,500 ft
Hole Size		7.875 in
Casing Size	5 1/2in, 15.5 lbs/ft	
Pump Via	5 1/2" O.D. (4.950" I.D) 15.5 #	
Total Mix Water		248 gals
Spacer		
Sealbond		20 bbls
Density		8.4 ppg
Cement Slurry		
Arkoma Lite w/ Adds		41 bbls
Density		14.3 ppg
Yield		1.36 cf/sack
Displacement		
Displacement Fluid		106 bbls
Density		9.0 ppg
Estimated Price		\$25,483.10

Summary of Changes Agreed to on Location (to be initialed by Customer):

TERMS: IN THE ABSENCE OF A MASTER SERVICE AGREEMENT BETWEEN BAKER HUGHES AND CUSTOMER, THE BAKER HUGHES WORLDWIDE TERMS AND CONDITIONS ATTACHED HERETO SHALL GOVERN THE PRODUCTS AND SERVICES PROVIDED HEREUNDER. THE TERMS AND CONDITIONS CONTAIN INDEMNITIES, WAIVERS OF WARRANTIES AND LIMITATIONS ON REMEDIES AND SHOULD BE CAREFULLY REVIEWED BY CUSTOMER.

SERVICE ORDER: I authorize work to begin as described above and in accordance with the attached Baker Hughes Worldwide Terms and Conditions. I represent that I have authority to accept and sign this Service Order:

Gerald Achatz Date: 9-12-14
 Customer Authorized Representative