

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: <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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Black Tea Oil

Hibbert B1

RTD@ 4421

LTD Cased Hole @ 4392

Port collar @ 2096' 365 sks

5 ½ set @ 4418 187 sks

8 5/8 set @ 261' 180 sks

Perfs

Miss 4367-73 250 gal

Morrow 4336-44 150 gal

Johnson 4272-80 150 gal

Retreated all zones above with 2300 gal

Pawnee 4150-60

Altamont 4124-32

L 3980-83 250 gal

J 3918-22 250 gal

C 3736-40 250 gal

Summary of Changes

Lease Name and Number: Hibbert B 1

API/Permit #: 15-109-21313-00-00

Doc ID: 1248851

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	250	261
Approved Date	10/22/2014	04/27/2015
CasingNumbSacksUsedPDF_2	230	187
CasingPurposeOfStringPDF_1	surface	Surface
CasingPurposeOfStringPDF_2	production	Production
CasingSettingDepthPDF_1	250	261
CasingSettingDepthPDF_2	4500	4418
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement Circulated From		2096

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
If Alternate II Completion - Sacks of Cement	450	365
Method Of Completion - Commingled	No	Yes
Multiple Stage Cementing Collar Depth	2100	2096
Perf_Record_1		See Attached Report
Plug Back Total Depth	4500	4392
Producing Formation	kansas city/johnson	See attached report
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1228757	../../../../kcc/detail/operatorEditDetail.cfm?docID=1248851
TopsDatum1	-1307	-1677
TopsDatum2		-1646
TopsDatum3		-1582
TopsDatum4		-1460
TopsDatum5		-1434
TopsDatum6		-1046

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsDepth1	3988	4367
TopsDepth2		4336
TopsDepth3		4272
TopsDepth4		4150
TopsDepth5		4124
TopsDepth6		3736
TopsName1	Kansas City	Mississippi
TopsName2		Morrow
TopsName3		Johnson
TopsName4		Pawnee
TopsName5		Altamont
TopsName6		Kansas City
Total Depth	4500	4421

Summary of Attachments

Lease Name and Number: Hibbert B 1

API: 15-109-21313-00-00

Doc ID: 1248851

Correction Number: 1

Attachment Name

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 064149

Federal Tax I.D. # 20-8651475

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

SERVICE POINT
Oakley K.S

DATE <u>9-10-14</u>	SEC. <u>28</u>	TWP. <u>14</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION <u>1:00 a.m.</u>	JOB START <u>5:30 a.m.</u>	JOB FINISH <u>10:00 a.m.</u>
LEASE <u>Hubert</u>		WELL # <u>B1</u>	LOCATION <u>Oakley 22 S W + Ninto</u>		COUNTY <u>Logan</u>	STATE <u>K.S</u>	
OLD OR NEW (Circle one) <u>NEW</u>							

CONTRACTOR Landmark 5
 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 15.98 bbl water

OWNER Same
 CEMENT AMOUNT ORDERED 180 sks Com 3/1 CC
2% gel
 COMMON 180 sks @ 17.90 3222.00
 POZMIX _____ @ _____
 GEL 338 # @ .50 169.00
 CHLORIDE 508 # @ 1.10 558.80
 ASC _____ @ _____
 _____ @ _____
Material Total @ _____ 3949.80
(590.44/15%) @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING 194.64 ft³ @ 2.48 482.71
 MILEAGE 8.88 tons x 25mi x 2.75 610.50
 TOTAL _____

EQUIPMENT _____
 PUMP TRUCK # 431 CEMENTER Paul Beaver
 HELPER Brandon Wilkinson
 BULK TRUCK # 891/310 DRIVER Juan Gomez (JWS)
 BULK TRUCK # _____ DRIVER _____

REMARKS:
mix 180 sks
Displace w/ water
cement did circ.

Thank You!
Paul + Crew

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

SERVICE
 DEPTH OF JOB 265'
 PUMP TRUCK CHARGE 1512.25
 EXTRA FOOTAGE _____ @ _____
 MILEAGE mil w 25 @ 7.70 192.50
 MANIFOLD swidge @ 275.00
mil v 25 @ 4.40 110.00
(477.44/15%) TOTAL 3182.96

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 Jacqui Mason
 SIGNATURE _____

SALES TAX (If Any) _____
 TOTAL CHARGES 7,132.76
 DISCOUNT 1069.91 (15%) IF PAID IN 30 DAYS
6,062.84 Net.



FIELD RECEIPT NO. 10011099624

CUSTOMER BLACK TEA OIL LLC		CREDIT APPROVAL NO.		PURCHASE ORDER NO.		CUSTOMER NUMBER 0040140007 - 0040140007		INVOICE NUMBER	
MAIL STREET OR BOX NUMBER 1011 CENTENNIAL BOULEVARD, SUITE B		CITY HAYS		STATE Kansas		ZIP CODE 67601			
DATE WORK COMPLETED MO. 09 DAY 16 YEAR 2014	BHI REPRESENTATIVE Joshua M Apel	WELL API NO. 15109213130000		WELL TYPE : New Well					
DISTRICT PP, PERRYTON		JOB DEPTH(ft) 4,418		WELL CLASS : Oil					
WELL NAME AND NUMBER HIBBERT B #1		TD WELL DEPTH(ft) 4,420		GAS USED ON JOB : No Gas					
WELL LOCATION : LEGAL DESCRIPTION 27-14S-32W		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	93	40.100	3,729.30	45%	2,051.12		
100275	Sodium Metasilicate	lbs	82	4.100	336.20	45%	184.91		
100295	Cello Flake	lbs	46	5.100	234.60	45%	129.03		
100404	Sodium Chloride	lbs	280	0.520	145.60	45%	80.08		
488073	FL-62	lbs	82	21.550	1,767.10	45%	971.91		
499634	Kol-Seal, 50 lb bag	lbs	740	1.250	925.00	45%	508.75		
499680	Static Free	lbs	2	40.700	81.40	45%	44.77		
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	92	16.400	1,508.80	45%	829.84		
SUB-TOTAL FOR Product Material						15,023.00		45.00%	
A152	Personnel Per Diem Chrg - Cement Svc	ea	1	210.000	210.00	0%	210.00		
M100	Bulk Materials Blending Charge	cu ft	231	5.450	1,258.95	45%	692.42		
SUB-TOTAL FOR Service Charges						1,468.95		38.57%	
SUB-TOTAL						15,023.00		45.00%	
ARRIVE LOCATION : MO. 09 DAY 15 YEAR 2014 TIME 21:00	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	CUSTOMER AUTHORIZED AGENT								
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS									BHI APPROVED <i>[Signature]</i>



FIELD RECEIPT NO. 10011099624

CUSTOMER BLACK TEA OIL LLC		CREDIT APPROVAL NO.		PURCHASE ORDER NO.		CUSTOMER NUMBER 0040140007 - 0040140007		INVOICE NUMBER	
MAIL INVOICE TO 1011 CENTENNIAL BOULEVARD, SUITE B HAYS		CITY HAYS		STATE Kansas		ZIP CODE 67601			
DATE WORK COMPLETED		MO. DAY YEAR		WELL API NO:		WELL TYPE :			
09 16 2014		2014		15109213130000		New Well			
DISTRICT PP, PERRYTON		JOB DEPTH(ft)		JOB DEPTH(ft)		WELL CLASS :			
		4,418		4,420		Oil			
WELL NAME AND NUMBER HIBBERT B #1		TD WELL DEPTH(ft)		GAS USED ON JOB :		JOB TYPE CODE :			
		4,420		No Gas		Long String			
WELL LOCATION :		COUNTY/PARISH Logan		STATE Kansas					
PRODUCT CODE		DESCRIPTION		UNIT OF MEASURE		QUANTITY		LIST PRICE UNIT	
F061A		Cement Pumping, 4001 - 5000 ft		6hrs		1		6,450.000	
F090		Fuel per pump charge - cement		pump/hr		6		70.250	
J050		Cement Head		job		1		830.000	
J225		Data Acquisition, Cement, Standard		job		1		2,130.000	
J390		Mileage, Heavy Vehicle		miles		440		11.850	
J391		Mileage, Auto, Pick-Up or Treating Van		miles		440		6.700	
J553		Circulating Equipment		job		1		2,380.000	
J401		Bulk Delivery, Dry Products		ton-mi		1130		3.940	
		SUB-TOTAL FOR Equipment						20,373.50	
		SUB-TOTAL FOR Freight/Delivery Charges						4,452.20	
		FIELD ESTIMATE						41,317.65	
								44.31%	
								23,008.89	
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.		SERVICE RECEIPT: I CERTIFY THAT THE MATERIALS AND SERVICES LISTED WERE RECEIVED AND ALL SERVICES PERFORMED IN A WORKMANLIKE MANNER.	
09 15 2014		21:00							
CUSTOMER REP. Gerald						X		CUSTOMER AUTHORIZED AGENT	
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS						X		BHI APPROVED	
								<i>[Signature]</i>	



FIELD RECEIPT NO. 10011099624

CUSTOMER BLACK TEA OIL LLC		CREDIT APPROVAL NO.		PURCHASE ORDER NO.		CUSTOMER NUMBER 0040140007 - 0040140007		INVOICE NUMBER		
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DATE WORK COMPLETED MO. 09 DAY 16 YEAR 2014		BHI REPRESENTATIVE Joshua M Apel		WELL API NO. 15109213130000		WELL TYPE : New Well				
DISTRICT PP, PERRYTON		JOB DEPTH (ft) 4,418		WELL CLASS : Gas		GAS USED ON JOB : No Gas				
WELL NAME AND NUMBER HIBBERT B #1		TD WELL DEPTH (ft) 4,420		JOB TYPE CODE : Long String						
WELL LOCATION : 27-14S-32W		COUNTY/PARISH Logan		STATE Kansas						
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			
F088	Cement Pumping, Additional hrs	hrs	2				990.00			
F090	Fuel per pump charge - cement	pump/hr	6				421.50			
J050	Cement Head	job	1				456.50			
J225	Data Acquisition, Cement, Standard	job	1				1,171.50			
J390	Mileage, Heavy Vehicle	miles	400				2,607.00			
J391	Mileage, Auto, Pick-Up or Treating Van	miles	800				2,948.00			
J553	Circulating Equipment	job	1				1,309.00			
SUB-TOTAL FOR Equipment								13,451.00		
J401	Bulk Delivery, Dry Products	ton-mi	1027				2,225.51			
J402	Bulk Delivery, Standby Charge	hrs	2				249.15			
SUB-TOTAL FOR Freight/Delivery Charges								2,474.66		
FIELD ESTIMATE								25,090.74		
ARRIVE LOCATION : MO. 09 DAY 15 YEAR 2014 TIME 21:00		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.		CUSTOMER AUTHORIZED AGENT				
CUSTOMER REP.		CUSTOMER AUTHORIZED AGENT		BHI APPROVED		X <i>Kandy Short</i>				
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS		CUSTOMER AUTHORIZED AGENT								

Operator Name: BLACK TEA OIL LLC
 Well Name: HIBBERT B #1
 Job Description: 5-1/2" x 7-7/8 OH - 4600' MD
 Date: September 15, 2014

Job ID: 10011099624 Estimate No: 10011099261



JOB SUMMARY/SERVICE ORDER

4,600 ft	Depth (TVD)
4,600 ft	Depth (MD)
7.875 in	Hole Size
5 1/2 in, 15.5 lbs/ft	Casing Size
5 1/2" O.D. (4.950" I.D) 15.5 #	Pump Via
270 gals	Total Mix Water
	Spacer
20 bbis	Sealbond
8.4 ppg	Density
	Cement Slurry
45 bbis	Arkoma Lite w/ Adds
14.3 ppg	Density
1.36 cf/sack	Yield
	Displacement
109 bbis	Displacement Fluid
9.0 ppg	Density
\$25,343.78	Estimated Price

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.

[Signature]
 Customer Authorized Representative

Date: 9/16/14