

**WELL COMPLETION FORM**
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:

 Yes No

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 SWGPS 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 DistributionALT I II III Approved by: _____ Date: _____



1249598

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Summary of Changes

Lease Name and Number: Krebs A 1

API/Permit #: 15-063-22134-00-00

Doc ID: 1249598

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	250	268
Approved Date	11/07/2013	04/15/2015
CasingNumbSacksUsedPDF_2	250	240
CasingPurposeOfStringPDF_1	SURFACE	Surface
CasingPurposeOfStringPDF_2	PRODUCTION	Production
CasingSettingDepthPDF_1	250	268
CasingSettingDepthPDF_2	4358	4357
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
Fracturing Question 1		No

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
If Alternate II Completion - Cement Circulated From		2028
If Alternate II Completion - Cement Circulated To		0
If Alternate II Completion - Sacks of Cement		165
Kelly Bushing Elevation	2642	2644
LocationInfoLink	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=31&t250	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=31&t2028
Multiple Stage Cementing Collar Depth		
Plug Back Total Depth	4358	4348
Producing Formation	KANSAS CITY	Injection
Save Link	../..kcc/detail/operatorEditDetail.cfm?docID=1167131	../..kcc/detail/operatorEditDetail.cfm?docID=1249598
TopsDatum1	-1365	-1330
TopsDatum2		-1606
TopsDepth1	4001	3974
TopsDepth2		4250

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsName2		Johnson



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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
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) (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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ROBERT T. HOPKINS, L.G., C.P.G.
709 Harold Ave.
Salina, Kansas 67401
cell (785) 819-2460

September 25, 2013

Solutions Consulting
Attention: Herb Deines
108 W. 35th
Hays, Kansas 67601

Black Tea Oil – Krebs A-1, Section 31, T14S, R31W, Gove County, Kansas

Herb and Chris:

Attached to this summary letter is my lithologic log for the above-captioned well. Sample shows were observed in the C, I, and L zones of the Lansing-Kansas City Group, a lower Cherokee Ls., and the Cherokee-Johnson zone. All of these shows were drill-stem tested, except for the LKC “I” show, which was very slight. Note that all of the shows were marginal at best, although for most of the time I examined samples, the sample quality was very poor. Most of the samples consisted of up-hole cavings. The mud engineer indicated there was a hole in the drill string.

Oil recovery was very poor to non-existent in the three DSTs. Operator indicated production casing would be set for further testing.

LOG TOP COMPARISON:

<u>Formation</u>	<u>Krebs A1 O-H log tops</u>	<u>compared to Lario Krebs 36-1 oil well</u>		<u>compared to Lario Krebs 1-31 (dry hole)</u>	
Anhydrite	2058(+578)	-5	(+583)	not logged	
Topeka Ls.	3375(-739)	-9	(-730)	-1	(-738)
Queen Hill Sh.	3570(-934)	-9	(-925)	+2	(-936)
Heebner Sh.	3631(-995)	-8	(-987)	+5	(-1000)
Top Lansing	3670(-1034)	-11	(-1023)	+6	(-1040)
Top “G” Sh.	3834(-1198)	-11	(-1187)	+5	(-1203)
Base KC	4001(-1365)	-13	(-1352)	+6	(-1371)
Pawnee Ls.	4130(-1494)	-15	(-1479)	NDE	
Johnson zone	4248(-1612)	-13	(-1599)	NDE	
Mississippian	4288(-1652)	-7	(-1645)	NDE	

ALLIED OIL & GAS SERVICES, LLC 061907

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Erre + Barel

DATE <u>9-26-13</u>	SEC. <u>31</u>	TWP. <u>14</u>	RANGE <u>31</u>	CALLED OUT	ON LOCATION	JOB START <u>9:30 AM</u>	JOB FINISH <u>10 AM</u>
LEASE <u>Krebs A</u>	WELL # <u>1</u>	LOCATION <u>22 miles South Oakley</u>			COUNTY <u>Gove</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>			<u>2 East</u>				

CONTRACTOR Landmark Drilling

TYPE OF JOB Surface

HOLE SIZE 12 1/2 T.D. _____

CASING SIZE 8 5/8 DEPTH 268

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15 FT

PERFS. _____

DISPLACEMENT 16.11 bbls fresh water

EQUIPMENT

PUMP TRUCK CEMENTER Josh Isaac

398 HELPER Kevin Wickens

BULK TRUCK

609-112 DRIVER Shawn Kerns

BULK TRUCK

_____ DRIVER _____

REMARKS:

on location - rig up - had safety meeting
for 8 5/8 casing - Brock circulation w/ pig mud
pump 5 bbls fresh water ahead
mix 165 SFS class A 30cc 2% gel
Displace 16.11 bbls fresh water / shut in
Cement did circulation 9:45 pm
Rig down

CHARGE TO: Black Tea

STREET _____

CITY _____ STATE _____ ZIP _____

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 X Ramirez Maldonado

SIGNATURE X Ramirez Maldonado
Thank you!!

OWNER	_____		
CEMENT	_____		
AMOUNT ORDERED	<u>165 SFS class A</u>		
	<u>30cc 2% gel</u>		
COMMON	<u>165</u>	@ <u>17.90</u>	<u>2,953.50</u>
POZMIX		@	
GEL	<u>3</u>	@ <u>23.40</u>	<u>70.20</u>
CHLORIDE	<u>6</u>	@ <u>64.00</u>	<u>384.00</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>178.24</u>	@ <u>2.48</u>	<u>442.03</u>
MILEAGE	<u>8.13 x 24 x</u>	@ <u>2.60</u>	<u>507.31</u>
TOTAL			<u>4,357.04</u>

SERVICE

DEPTH OF JOB	_____		
PUMP TRUCK CHARGE	<u>1512.25</u>		
EXTRA FOOTAGE	@		
MILEAGE Hum	<u>24</u>	@ <u>7.70</u>	<u>184.80</u>
MANIFOLD	@		
	<u>Hum 24</u>	@ <u>4.40</u>	<u>105.60</u>
	@		

TOTAL 1,802.65

PLUG & FLOAT EQUIPMENT

_____	@		
_____	@		
_____	@		
_____	@		
_____	@		

TOTAL _____

SALES TAX (If Any)	_____		
TOTAL CHARGES	<u>6,159.69</u>		
DISCOUNT	<u>1,231.93</u>		
TOTAL			<u>4,927.75</u>

IF PAID IN 30 DAYS

ALLIED OIL & GAS SERVICES, LLC 061158

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Oakley 14

DATE <u>9/25/13</u>	SEC. <u>31</u>	TWP. <u>14</u>	RANGE <u>31</u>	CALLED OUT	ON LOCATION	JOB START <u>6:30am</u>	JOB FINISH <u>2:30pm</u>
LEASE <u>Kroger</u>	WELL # <u>1</u>	LOCATION <u>Oakley 225 Einto</u>			COUNTY <u>Cove</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Landmark #6
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 4366
 CASING SIZE 5 1/2 DEPTH 4357.8
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL port collar DEPTH 2058
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 19.35
 PERFS. _____
 DISPLACEMENT 10

OWNER Same
 CEMENT AMOUNT ORDERED 240 SK ASC 1090500
20 gal 5th Cement
12 BBL WFR TP
 COMMON @ _____
 POZMIX @ _____
 GEL @ _____
 CHLORIDE @ _____
 ASC 240 SKs @ 20.20 5023.20

EQUIPMENT
 PUMP TRUCK CEMENTER Alan Ryan
 # 423-281 HELPER idwin Ryan
 BULK TRUCK # 296 DRIVER Chris Helpry
 BULK TRUCK # _____ DRIVER _____

Cibsonity 120216 @ 0.98 1176.00
Salt 25 SK @ 26.32 658.00
WFR TP 12 BBL @ 58.00 704.00
Black Riv Pro @ 34.40 658.00
 HANDLING 307 DCP @ 2.42 761.78
 MILEAGE 2.00 75/mile 17.40 871.37

REMARKS:
An City Combits 1hr, max WFR TP, max 20SK RH
Plug 5th floor 5th washup displace
Plug to latch down w/ 104 BBL 150
w/ 1800 PTE final DPT. and Plug
1800 - Float Hold
Thank You Alan, Kevin, Chris

TOTAL 9264.33

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

SERVICE
 DEPTH OF JOB _____
 PUMP TRUCK CHARGE 2765.25
 EXTRA FOOTAGE @ _____
 MILEAGE 2.5 @ 7.20 192.00
 MANIFOLD 25 @ 4.40 110.00
 TOTAL 3343.25

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.

PLUG & FLOAT EQUIPMENT
Port Collar @ 3042.00 3042.00
APU Float Shoe @ 408.33 408.33
Latch Blower Assembly @ 324.00 324.00
Boards @ 394.00 1182.00
Centralizers -8 @ 57.33 458.64
 TOTAL 9415.93

PRINTED NAME _____
 SIGNATURE [Signature]

SALES TAX (If Any) _____
 TOTAL CHARGES 18,023.50
 DISCOUNT 3,604.70 IF PAID IN 30 DAYS
14,418.80

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

November 07, 2013

Chris Leiker
Black Tea Oil, LLC
1011 CENTENNIAL BLVD., STE B
HAYS, KS 67601

Re: ACO1
API 15-063-22134-00-00
Krebs A 1
SW/4 Sec.31-14S-31W
Gove County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Chris Leiker