



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 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: \_\_\_\_\_

1248476



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:  
 Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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

DFK 4

RTD 4415

LTD Cased Hole 4380

5 ½ casing set at 4413 230 sks

8 5/8

Port Collar 2119 510 sks

Perfs

Morrow 4290-4310 400 gal

Johnson 4270-76 150 gal

Johnson 4259-63 100 gal

Johnson 4242-48 100 gal

J 3933-35 100 gal

## Summary of Changes

Lease Name and Number: DFK 4 1

API/Permit #: 15-109-21355-00-00

Doc ID: 1248476

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	12/11/2014	04/27/2015
CasingNumbSacksUsedPDF_1	180	170
CasingSettingDepthPDF_1	250	265
CasingSettingDepthPDF_2	4500	4413
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement Circulated From	2100	2119
If Alternate II Completion - Sacks of Cement	450	510
Kelly Bushing Elevation	2659	2661

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Method Of Completion - Commingled	No	Yes
Multiple Stage Cementing Collar Depth	2100	2119
Perf_Material_1		see attached report
Perf_Record_1		see attached report
Plug Back Total Depth	4500	4380
Producing Formation	Kansas City/Johnson	See attached report
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1234909	../../../../kcc/detail/operatorEditDetail.cfm?docID=1248476
TopsDatum1	-1307	-1629
TopsDatum2		-1581
TopsDatum3		-1272
TopsDepth1	3959	4290
TopsDepth2		4242
TopsDepth3		3933

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsName1	Kansas City	Morrow
TopsName2		Johnson
TopsName3		J
Total Depth	4500	4415

## Summary of Attachments

Lease Name and Number: DFK 4 1

API: 15-109-21355-00-00

Doc ID: 1248476

Correction Number: 1

Attachment Name





Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1234909  
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](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 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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# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025  
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 681

Date <i>11-3-14</i>	Sec. <i>27</i>	Twp. <i>14</i>	Range <i>32</i>	County <i>Logan</i>	State <i>KS</i>	On Location	Finish <i>5:15 PM</i>
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Location *Oakley, 22S, E n 2*

Lease <i>DFK</i>	Well No. <i>4</i>	Owner To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.
Contractor <i>landmark #5</i>		
Type Job <i>Surface</i>		
Hole Size <i>12 1/4</i>	T.D. <i>271</i>	Charge To <i>Black Teg</i>
Csg. <i>8 5/8</i>	Depth <i>264.90</i>	Street
Tbg. Size	Depth	City State
Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in Csg.	Shoe Joint <i>20</i>	Cement Amount Ordered <i>170 SX COM, 3% cc, 2% gel</i>
Meas Line	Displace <i>15 1/2 bbl</i>	

**EQUIPMENT**

Pumptrk <i>17</i>	No.	Cementer Helper <i>Lonnie W.</i>	Common <i>170</i>
Bulktrk <i>13</i>	No.	Driver <i>Doug</i>	Poz. Mix
Bulktrk <i>P4</i>	No.	Driver <i>Travis</i>	Gel. <i>3</i>
			Calcium <i>6</i>

**JOB SERVICES & REMARKS**

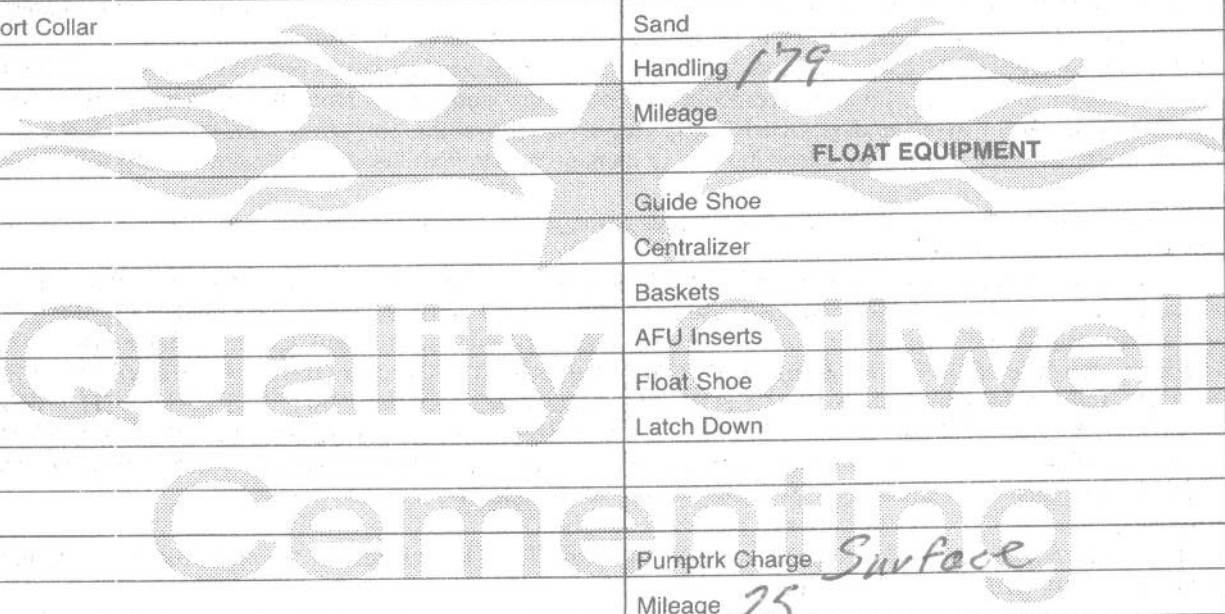
Remarks: <i>Cement did circulate</i>	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
	Sand
	Handling <i>179</i>
	Mileage

**FLOAT EQUIPMENT**

	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down
	Pumptrk Charge <i>Surface</i>
	Mileage <i>25</i>

Tax
Discount
Total Charge

X Signature *[Signature]*



FIELD RECEIPT NO. 10011116498



CUSTOMER: BLACK TEA OIL LLC CREDIT APPROVAL NO. PURCHASE ORDER NO. CUSTOMER NUMBER INVOICE NUMBER

MAIL: STREET OR BOX NUMBER CITY STATE ZIP CODE  
 1011 CENTENNIAL BOULEVARD, SUITE B HAYS Kansas 67601

DATE WORK COMPLETED: 11 08 2014 BHI REPRESENTATIVE: Barry K Barkley WELL API NO.: 15109213550000 WELL TYPE: New Well

DISTRICT: PP, PERRYTON JOB DEPTH (ft): 4,411 WELL CLASS: Oil

WELL NAME AND NUMBER: DFK 4 #1 TD WELL DEPTH (ft): 4,417 GAS USED ON JOB: No Gas

WELL LOCATION: LEGAL DESCRIPTION: 35-14S-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	140	40.100	5,614.00	45%	3,087.70
100275	Sodium Metasilicate	lbs	97	4.100	397.70	45%	218.74
100295	Cello Flake	lbs	55	5.100	280.50	45%	154.28
100404	Sodium Chloride	lbs	332	0.520	172.64	45%	94.95
488019	FP-6L	gals	2	104.250	208.50	45%	114.68
488073	FL-62	lbs	97	21.550	2,090.35	45%	1,149.69
499634	Kol-Seal, 50 lb bag	lbs	880	1.250	1,100.00	45%	605.00
499680	Static Free	lbs	2	40.700	81.40	45%	44.77
499702	ClayCare, Clay Treat-2C, 260 gl tote	gals	5	147.000	735.00	45%	404.25
L425411-00	Lafarge Red Rock Poz	sack	110	16.400	1,804.00	45%	992.20
SUB-TOTAL FOR Product Material					12,484.09	45.00%	6,866.26
A152	Personnel Per Diem Chrg - Cement Svc	ea	1	210.000	210.00	0%	210.00
M100	Bulk Materials Blending Charge	cu ft	280	5.450	1,526.00	45%	839.30
SUB-TOTAL FOR Service Charges					1,736.00	39.56%	1,049.30

ARRIVE LOCATION: 11 08 2014 17:00  
 CUSTOMER REP. James  
 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: *[Signature]*  
 BHI APPROVED: *[Signature]*

FIELD RECEIPT NO. 10011116498



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:			
11 08 2014		Barry K Barkley		15109213550000		New Well					
DISTRICT		PP, PERRYTON		JOB DEPTH(ft)		WELL CLASS:					
WELL NAME AND NUMBER		DFK 4 #1		TD WELL DEPTH(ft)		GAS USED ON JOB:					
WELL LOCATION:		LEGAL DESCRIPTION		COUNTY/PARISH		STATE		JOB TYPE CODE:			
35-14S-32W		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	200	11.850	2,370.00	45%	1,303.50				
J391	Mileage, Auto, Pick-Up or Treating Van	miles	400	6.700	2,680.00	45%	1,474.00				
J553	Circulating Equipment	job	1	2,380.000	2,380.00	45%	1,309.00				
			SUB-TOTAL FOR Equipment		17,261.50	43.90%	9,683.50				
			SUB-TOTAL FOR Freight/Delivery Charges		3,940	45%	4,929.93				
			FIELD ESTIMATE		40,445.09	44.30%	22,528.99				
			J401		8,963.50	45.00%	4,929.93				
			Bulk Delivery, Dry Products		8,963.50	45%	4,929.93				
			SUB-TOTAL FOR Freight/Delivery Charges		8,963.50	45.00%	4,929.93				
			FIELD ESTIMATE		40,445.09	44.30%	22,528.99				

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

*[Signature]*

FIELD RECEIPT NO. 10011116498



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 :
11	08	2014	Barry K Barkley	15109213550000	New Well	
DISTRICT		PP, PERRYTON		JOB DEPTH (ft)	WELL CLASS :	
WELL NAME AND NUMBER		DFK 4#1		TD WELL DEPTH (ft)	Gas	
WELL LOCATION :		LEGAL DESCRIPTION	COUNTY/PARISH	STATE	GAS USED ON JOB :	
35-14S-32W		Logan	Kansas	4,600	No Gas	
PRODUCT CODE	DESCRIPTION	UNIT OF MEASURE	QUANTITY	LIST PRICE UNIT	GROSS AMOUNT	% DISC.
100022	Class H Cement	sacks	140		3,087.70	
100275	Sodium Metasilicate	lbs	97		218.74	
100295	Cello Flake	lbs	55		154.28	
100404	Sodium Chloride	lbs	332		94.95	
488019	FP-6L	gals	2		114.68	
488073	FL-62	lbs	97		1,149.69	
499634	Kol-Seal, 50 lb bag	lbs	880		605.00	
499680	Static Free	lbs	2		44.77	
499702	ClayCare, Clay Treat-2C, 260 gl tote	gals	5		404.25	
86710-1	5-1/2" Top Cem Plug, Nitrite cvr, Phen	ea	1		84.70	
L425411-00	Lafarge Red Rock Poz	sack	110		982.20	
		SUB-TOTAL FOR Product Material			6,950.96	
A152	Personnel Per Diem Chrg - Cement Svc	ea	1		210.00	
M100	Bulk Materials Blending Charge	cu ft	280		839.30	
		SUB-TOTAL FOR Service Charges			1,049.30	
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.	
11	08	2014	17:00			
CUSTOMER REP.				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		
				BHI APPROVED  Barry K Barkley		

FIELD RECEIPT NO. 10011116498



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 :							
11 08 2014		Barry K Barkley		15109213550000		New Well		Gas							
DISTRICT		PP, PERRYTON		JOB DEPTH (ft)		WELL CLASS :		GAS USED ON JOB :							
DFK 4 #1		4,600		TD WELL DEPTH (ft)		No Gas		Long String							
WELL NAME AND NUMBER		LEGAL DESCRIPTION		COUNTY/PARISH		STATE		JOB TYPE CODE :							
WELL LOCATION :		35-14S-32W		Logan		Kansas									
PRODUCT CODE		DESCRIPTION		UNIT OF MEASURE		QUANTITY		LIST PRICE UNIT		GROSS AMOUNT		% DISC.		NET AMOUNT	
F061A		Cement Pumping, 4001 - 5000 ft		Ghrs		1								3,547.50	
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		400								1,474.00	
J553		Circulating Equipment		job		1								1,309.00	
J401		Bulk Delivery, Dry Products		ton-mi		2275								4,929.93	
		SUB-TOTAL FOR Freight/Delivery Charges												4,929.93	
		SUB-TOTAL FOR Equipment												10,987.00	
		FIELD ESTIMATE												23,917.19	

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. DAY YEAR TIME  
11 08 2014 17:00

SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS

CUSTOMER AUTHORIZED AGENT

BHI APPROVED



Operator Name: BLACK TEA OIL LLC  
 Well Name: DFK 4 #1  
 Job Description: 5-1/2" x 7-7/8 OH - 4600' MD  
 Date: November 7, 2014



Job ID: 10011116498 Estimate No: 101021427

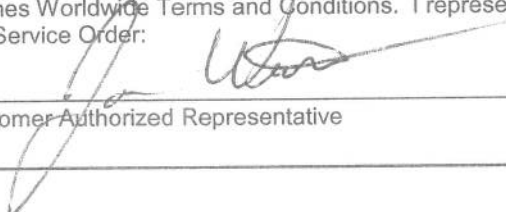
**JOB SUMMARY/SERVICE ORDER**

Depth (TVD)	4,600 ft
Depth (MD)	4,600 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	771 gals
Scavenger Slurry	
Scavenger	27 bbls
Density	11.0 ppg
Yield	3.03 cf/sack
Cement Slurry	
Arkoma Lite w/ Adds	41 bbls
Density	14.3 ppg
Yield	1.36 cf/sack
Displacement	
Displacement Fluid	109 bbls
Density	9.0 ppg
Cement Slurry	
Fill in for Rat hole	6 bbls
Density	16.4 ppg
Yield	1.06 cf/sack
Estimated Price	\$25,574.70

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:

 Date: 11-8-14  
 Customer Authorized Representative