



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 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. 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> _____	PRODUCTION INTERVAL: _____ _____
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Black Tea Oil

Kresbs X4

RTD 4475

LTD 4434

Port Collar 2160 1100 sks

Perfs

Morrow 4354-70 2000 gal 15% INS Frac

Summary of Changes

Lease Name and Number: Krebs X 4

API/Permit #: 15-109-21312-00-00

Doc ID: 1249511

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	250	275
Approved Date	12/11/2014	04/14/2015
CasingSettingDepthPD F_1	250	275
CasingSettingDepthPD F_2	4500	4468
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement Circulated From	2100	2160
If Alternate II Completion - Sacks of Cement	450	1000
Kelly Bushing Elevation	2717	2719
Method Of Completion - Perf	No	Yes

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Multiple Stage Cementing Collar Depth	2100	2160
Perf_Record_1		4354-4370
Plug Back Total Depth	4500	4434
Producing Formation	Kansas City/Johnson	morrow
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=12	../../../../kcc/detail/operatorEditDetail.cfm?docID=12
TopsDatum1	34888 -1307	49511 -1635
TopsDepth1	4017	4354
TopsName1	Kansas City	morrow
Total Depth	4500	4475

Summary of Attachments

Lease Name and Number: Krebs X 4

API: 15-109-21312-00-00

Doc ID: 1249511

Correction Number: 1

Attachment Name



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234888
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 #: _____
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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. 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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ALLIED OIL & GAS SERVICES, LLC

16920
5.011
063781

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Dakley 215

DATE <u>10/22/14</u>	SEC <u>26</u>	TWP <u>14</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION	JOB START <u>8:00</u>	JOB FINISH <u>2:30</u>
LEASE <u>4 rehs X</u>	WELL # <u>Y</u>	LOCATION <u>Dakley 215 Ec Sinton</u>		COUNTY <u>Wagon</u>	STATE <u>TX</u>		
OLD OR NEW (Circle one)							

CONTRACTOR Card mark 5 OWNER Some

TYPE OF JOB Surface

HOLE SIZE 12" 1/4 T.D. 225

CASING SIZE 8" 7/8 DEPTH 225

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15'

PERFS.

DISPLACEMENT 16 1562

CEMENT AMOUNT ORDERED 180 Can 3' trace 290 gal

COMMON 180 @ 12.90 3222.00

POZMIX @

GEL 338 @ 1.50 507.00

CHLORIDE 508 @ 1.20 609.60

ASC @

Material Total @ 3949.60

(3949.60 / 10%) @

HANDLING 194.63 @ 2.48 482.37

MILEAGE 25 @ 7.00/mile 175.00

TOTAL 610

EQUIPMENT

PUMP TRUCK # 485-281 CEMENTER Andy Ryan

BULK TRUCK # 890 HELPER Kevin Ryan

BULK TRUCK # DRIVER George Garent

BULK TRUCK # DRIVER

REMARKS:

On location stop mix setup

On location cement mix chest

Displace cement - start in

Cement Bid Complete

Thank you

1674 9409

CHARGE TO Blank Jca

STREET

CITY STATE ZIP

SERVICE

DEPTH OF JOB 225'

PUMP TRUCK CHARGE 1512.25

EXTRA FOOTAGE @

MILEAGE 25 miles @ 7.00 175.00

MANIFOLD @ 225.00

1.75 Vehicle 25 miles @ 4.10 110.00

(318.38 / 10%) TOTAL 3183.83

PLUG & FLOAT EQUIPMENT

@

@

@

@

@

TOTAL

To: Allied Oil & Gas Services, L.L.C.

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

SIGNATURE [Signature]

SALES TAX (If Any)

TOTAL CHARGES 7,133.63

DISCOUNT 713.36 (10%) IF PAID IN 30 DAYS

6,420.26 Net.

FIELD RECEIPT NO. 10011112862



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 AP# NO:	WELL TYPE:				
10 28 2014		10	28	2014	Jack A Roberts	15109213090000	New Well				
DISTRICT		PP, PERRYTON		JOB DEPTH (ft)		WELL CLASS:					
WELL NAME AND NUMBER		KREBS X AV AV		TD WELL DEPTH (ft)		GAS USED ON JOB:					
WELL LOCATION:		LEGAL DESCRIPTION		COUNTY/PARISH		STATE		JOB TYPE CODE:			
26-14S-32W		26-14S-32W		Logan		Kansas		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	56	5.100	280.50	45%	154.28				
100404	Sodium Chloride	lbs	333	0.520	173.16	45%	95.24				
488019	FP-6L	gals	1	104.250	104.25	45%	57.34				
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	3	40.700	122.10	45%	67.16				
499702	Clay/Care, 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									
						12,421.06		45.00%		6,831.60	
A152	Personnel Per Diem Chrg - Cement Svc	ea	1	210.000	210.00	0%	210.00				
M100	Bulk Materials Blending Charge	cu ft	171	5.450	931.95	45%	512.57				
		SUB-TOTAL FOR Service Charges									
						1,141.95		36.72%		722.57	
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.					
10 28 2014		10	28	2014	14:30						
CUSTOMER REP. James		SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS		CUSTOMER AUTHORIZED AGENT		BHI APPROVED		<input checked="" type="checkbox"/> SERVICE RECEIPT: I CERTIFY THAT THE MATERIALS AND SERVICES LISTED WERE RECEIVED AND ALL SERVICES PERFORMED IN A WORKMANLIKE MANNER. <input checked="" type="checkbox"/> CUSTOMER AUTHORIZED AGENT			

FIELD RECEIPT NO. 1001112862



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 AP# NO:		WELL TYPE:			
10 28 2014		10	28	2014	Jack A Roberts	15109213090000		New Well			
DISTRICT		PP, PERRYTON		JOB DEPTH (ft)		WELL CLASS:					
WELL NAME AND NUMBER		KREBS X #1		TD WELL DEPTH (ft)		GAS USED ON JOB:					
WELL LOCATION :		26-14S-32W		STATE		JOB TYPE CODE :					
LEGAL DESCRIPTION		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	Ghrs	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	440	6.700	2,948.00	45%	1,621.40				
J553	Circulating Equipment	job	1	2,380.000	2,380.00	45%	1,309.00				
SUB-TOTAL FOR Equipment					20,373.50	44.07%	11,395.10				
J401	Bulk Delivery, Dry Products	ton-mi	1609	3.940	6,339.46	45%	3,486.70				
SUB-TOTAL FOR Freight/Delivery Charges					6,339.46	45.00%	3,486.70				
FIELD ESTIMATE					40,275.97	44.29%	22,435.97				

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SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS

CUSTOMER AUTHORIZED AGENT

BHI APPROVED

FIELD RECEIPT NO. 10011112862




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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:			
	10	28	2014	Jack A Roberts	15109213090000	New Well	Gas			
DISTRICT		PP, PERRYTON		JOB DEPTH (ft)		WELL DEPTH (ft)				
WELL NAME AND NUMBER		KREBS X #1		TD WELL DEPTH (ft)		GAS USED ON JOB:				
WELL LOCATION :		LEGAL DESCRIPTION		COUNTY/PARISH		STATE		JOB TYPE CODE :		
		26-14S-32W		Logan		Kansas		Long String		
PRODUCT CODE	DESCRIPTION		UNIT OF MEASURE	QUANTITY	LIST PRICE UNIT	GROSS AMOUNT	% DISC.	NET AMOUNT		
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	-499				142.71		
488019	FP-6L		gals	-1				57.34		
488073	FL-62		lbs	-97				1,149.69		
499634	Kol-Seal, 50 lb bag		lbs	-880				605.00		
499680	Static Free		lbs	-3				67.16		
499702	ClayCare, Clay Treat-2C, 260 gl tote		gals	-5				404.25		
L425411-00	Lafarge Red Rock Poz		sack	110				992.20		
		SUB-TOTAL FOR Product Material						6,879.07		
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.					
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SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS				CUSTOMER AUTHORIZED AGENT		CUSTOMER AUTHORIZED AGENT				

[Signature]
 BHI APPROVED
[Signature]

FIELD RECEIPT NO. 10011112862



CUSTOMER		BLACK TEA OIL LLC		CREDIT APPROVAL NO.	PURCHASE ORDER NO.		CUSTOMER NUMBER	0040140007 - 0040140007	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:			
10	28	2014	2014	Jack A Roberts	15109213090000	New Well			
DISTRICT	PP, PERRYTON		JOB DEPTH(ft)	4.475	WELL CLASS:	Gas			
WELL NAME AND NUMBER	KREBS X #1		TD WELL DEPTH(ft)	4.468	GAS USED ON JOB:	No Gas			
WELL LOCATION:	LEGAL DESCRIPTION	COUNTY/PARISH	STATE	JOB TYPE CODE:					
	26-14S-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		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	400		2,607.00		2,607.00		
J391	Mileage, Auto, Pick-Up or Treating Van	miles	800		2,948.00		2,948.00		
J553	Circulating Equipment	job	1		1,309.00		1,309.00		
SUB-TOTAL FOR Equipment					12,461.00		12,461.00		
J401	Bulk Delivery, Dry Products	ton-mi	2276		4,932.09		4,932.09		
SUB-TOTAL FOR Freight/Delivery Charges					4,932.09		4,932.09		
FIELD ESTIMATE					25,321.46		25,321.46		
ARRIVE LOCATION:		MO.	DAY	YEAR	TIME				
10		28	2014	14:30					
CUSTOMER REP.		James							
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS					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 AUTHORIZED AGENT					<input checked="" type="checkbox"/> BHI APPROVED  CUSTOMER AUTHORIZED AGENT				

Operator Name: BLACK EA OIL LLC
 Well Name: KREBS X #1
 Job Description: 5-1/2" x 7-7/8 OH - 4600' MD
 Date: October 27, 2014



Job ID: 10011112862 Estimate No: 101021391

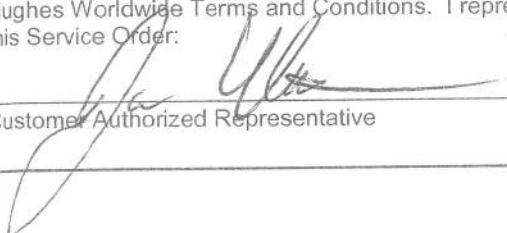
JOB SUMMARY/SERVICE ORDER

Depth (TVD)	4,600 ft
Depth (MD)	4,600 ft
Hole Size	7.875 in
Casing Size	5 1/2 in, 15.5 lbs/ft
Pump Via	5 1/2" O.D. (4.950" .I.D) 15.5 #
Total Mix Water	816 gals
Scavenger Slurry	
Scavenger	28 bbls
Density	11.0 ppg
Yield	3.15 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	\$25,665.29

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: 10-28-14

Customer Authorized Representative