



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
-----------------------------------	-----------------	---

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: _____ _____
--	---	---

Black Tea Oil

Krebs Y1

LTD 4410

Port Collar 2110

Perfs

Morrow 4348-60

Johnsons 4437-46, 4230-38

Treated above with 2000 gal 15% INS

Plugged well

Summary of Changes

Lease Name and Number: Krebs Y 1

API/Permit #: 15-109-21371-00-00

Doc ID: 1249512

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	04/15/2015
CasingNumbSacksUsedPDF_2	230	250
CasingSettingDepthPDF_1	250	265
CasingSettingDepthPDF_2	4500	4435
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement Circulated From	2100	2110
If Alternate II Completion - Sacks of Cement	450	430
Kelly Bushing Elevation	2637	2639

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Multiple Stage Cementing Collar Depth	2100	2110
Perf_Record_1		see attached report
Plug Back Total Depth	4500	4410
Producing Formation	Kansas City/Johnson	dry
Save Link	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12
TopsDatum1	34950 -1307	49512 -1709
TopsDatum2		-1798
TopsDepth1	3937	4348
TopsDepth2		4437
TopsName1	Kansas City	morrow
TopsName2		johnson
Total Depth	4500	4435
Well Type	OIL	DH

Summary of Attachments

Lease Name and Number: Krebs Y 1

API: 15-109-21371-00-00

Doc ID: 1249512

Correction Number: 1

Attachment Name



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234950
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
--	---

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
---	---	------------------------------------

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:	
----------------	-------	---------	------------	--



FIELD RECEIPT NO. 10011119930

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. 11 DAY 22 YEAR 2014	BHI REPRESENTATIVE Jack A Roberts		WELL API NO. 15109213710000		WELL TYPE New Well				
DISTRICT PP, PERRYTON	JOB DEPTH(ft) 4,435		WELL CLASS Oil		GAS USED ON JOB No Gas				
WELL NAME AND NUMBER Krebs Y #1		TD WELL DEPTH(ft) 4,435		JOB TYPE CODE Long String					
WELL LOCATION :		COUNTY/PARISH Logan		STATE Kansas					
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	6	40.700	244.20	45%	134.31	
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					12,646.89	45.00%	6,955.80	
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 : MO. 11 DAY 22 YEAR 2014 TIME 12:15		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 Achatz		CUSTOMER AUTHORIZED AGENT		CUSTOMER AUTHORIZED AGENT		CUSTOMER AUTHORIZED AGENT		CUSTOMER AUTHORIZED AGENT	
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS		CUSTOMER AUTHORIZED AGENT		CUSTOMER AUTHORIZED AGENT		CUSTOMER AUTHORIZED AGENT		CUSTOMER AUTHORIZED AGENT	



FIELD RECEIPT NO. 10011119930

CUSTOMER BLACK TEA OIL LLC		CREDIT APPROVAL NO.		PURCHASE ORDER NO.		CUSTOMER NUMBER 0040140007 - 0040140007		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. 11 DAY 22 YEAR 2014		BHI REPRESENTATIVE Jack A Roberts		WELL API NO: 15109213710000		WELL TYPE : New Well			
DISTRICT PP, PERRYTON		JOB DEPTH(ft) 4,435		WELL CLASS : Oil					
WELL NAME AND NUMBER Krebs Y #1		TD WELL DEPTH(ft) 4,435		GAS USED ON JOB : No Gas					
WELL LOCATION : LEGAL DESCRIPTION 1N-32W-15S		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		
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	400	11.850	4,740.00	45%	2,607.00		
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		
J401	Bulk Delivery, Dry Products	ton-mi	2275	3.940	8,963.50	45%	4,929.93		
	SUB-TOTAL FOR Freight/Delivery Charges				8,963.50	45.00%	4,929.93		
	FIELD ESTIMATE				42,977.89	44.34%	23,922.03		
ARRIVE LOCATION : MO. 11 DAY 22 YEAR 2014 TIME 12:15		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.		<input checked="" type="checkbox"/> CUSTOMER AUTHORIZED AGENT			
CUSTOMER REP. Gerald Achatz		CUSTOMER AUTHORIZED AGENT		<input checked="" type="checkbox"/> BHI APPROVED					
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS									



FIELD RECEIPT NO. 10011119930

CUSTOMER BLACK TEA OIL LLC		CREDIT APPROVAL NO.		PURCHASE ORDER NO.		CUSTOMER NUMBER 0040140007 - 0040140007		INVOICE NUMBER	
MAIL INVOICE TO STREET OR BOX NUMBER 1011 CENTENNIAL BOULEVARD, SUITE B		CITY HAYS		STATE Kansas		ZIP CODE 67601			
DATE WORK MO. DAY YEAR COMPLETED 11 22 2014		BHI REPRESENTATIVE Jack A Roberts		WELL API NO: 15109213710000		WELL TYPE: New Well			
DISTRICT PP, PERRYTON		JOB DEPTH(ft) 4,435		WELL CLASS: Gas					
WELL NAME AND NUMBER Krebs Y #1		TD WELL DEPTH(ft) 4,435		GAS USED ON JOB: No Gas					
WELL LOCATION: LEGAL DESCRIPTION Logan		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				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	8				134.31		
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								6,955.80	
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 : 11 22 2014 12:15		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		SERVICE RECEIPT: I CERTIFY THAT THE MATERIALS AND SERVICES LISTED WERE RECEIVED AND ALL SERVICES PERFORMED IN A WORKMANLIKE MANNER.			
CUSTOMER REP. Gerald		<i>Gerald</i>		CUSTOMER AUTHORIZED AGENT		CUSTOMER AUTHORIZED AGENT		X <i>Gerald Gehatz</i>	
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS				CUSTOMER AUTHORIZED AGENT		BHI APPROVED		X <i>Randy Shuts</i>	



FIELD RECEIPT NO. 10011119930

CUSTOMER BLACK TEA OIL LLC		CREDIT APPROVAL NO.	PURCHASE ORDER NO.	CUSTOMER NUMBER 0040140007 - 0040140007	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. 11 DAY 22 YEAR 2014	BHI REPRESENTATIVE Jack A Roberts	WELL API NO: 15109213710000	WELL TYPE : New Well		
DISTRICT PP, PERRYTON		JOB DEPTH(ft) 4,435	WELL CLASS : Gas		
WELL NAME AND NUMBER Krebs Y #1		TD WELL DEPTH(ft) 4,435	GAS USED ON JOB : No Gas		
WELL LOCATION :	COUNTY/PARISH Logan	STATE Kansas	JOB TYPE CODE : Long String		
PRODUCT CODE	DESCRIPTION	UNIT OF MEASURE	QUANTITY	LIST PRICE UNIT	GROSS AMOUNT
F061A	Cement Pumping, 4001 - 5000 ft	6hrs	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	800		2,948.00
J553	Circulating Equipment	job	1		1,309.00
	SUB-TOTAL FOR Equipment				12,461.00
J401	Bulk Delivery, Dry Products	ton-mi	2275		4,929.93
	SUB-TOTAL FOR Freight/Delivery Charges				4,929.93
	FIELD ESTIMATE				25,396.03
ARRIVE LOCATION : MO. 11 DAY 22 YEAR 2014 TIME 12:15	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 X BHI APPROVED <i>Randy Smith</i>				

Operator Name: BLACK TEA OIL LLC
 Well Name: Krebs Y #1
 Job Description: 5-1/2" x 7-7/8 OH - 4600' MD
 Date: November 21, 2014

Job ID: 10011119930 Estimate No: 1000793451



JOB SUMMARY/SERVICE ORDER

Depth (TVD)	Depth (MD)	Hole Size	Casing Size	Pump Via	Total Mix Water	Scavenger Slurry	Scavenger	Density	Yield	Cement Slurry	Arkoma Lite w/ Adds	Density	Yield	Displacement	Displacement Fluid	Density	Cement Slurry	Fill in for Rat hole	Density	Yield	Estimated Price	
4,600 ft	4,600 ft	7.875 in	5 1/2 in, 15.5 lbs/ft	5 1/2" O.D. (4.950" I.D) 15.5 #	816 gals	28 bbls	11.0 ppg	3.15 cf/sack	41 bbls	14.3 ppg	1.36 cf/sack	109 bbls	9.0 ppg	6 bbls	16.4 ppg	1.06 cf/sack	6 bbls	16.4 ppg	1.06 cf/sack	16.4 ppg	1.06 cf/sack	\$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.

Customer Authorized Representative
[Signature]

Date: *11-22-2014*