



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
--	---

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Black Tea Oil

Rose Trust B1

RTD 4430

LTD (Cased Hole) 4388

5 ½ set @ 4428' 230 sks

8 5/8 set @ 264' 180sks

Port Collar @ 2136' 400 sks

Perfs

Morrow 4300-06 126 gal

Johnson 4264-70 126 gal

Johnson 4232-42 210 gal

Cherokee 4224-30 126 gal

Ft Scott 4138-48 210 gal

Pleasanton 4118-26 168 gal

Retreated all zones together with 2500 gal

Summary of Changes

Lease Name and Number: Rose Trust B 1

API/Permit #: 15-109-21360-00-00

Doc ID: 1248510

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	250	263
Approved Date	12/11/2014	04/27/2015
CasingSettingDepthPD F_1	250	263
CasingSettingDepthPD F_2	4500	4428
CasingWeightPDF_1	16	23
CasingWeightPDF_2	20	15.5
If Alternate II Completion - Cement Circulated From	2100	2136
If Alternate II Completion - Sacks of Cement	450	400
Kelly Bushing Elevation	2673	2678
Method Of Completion - Commingled	No	Yes

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Multiple Stage Cementing Collar Depth	2100	2136
Perf_Record_1		See attached report
Plug Back Total Depth	4500	4388
Producing Formation	Kansas City/Johnson	See attached report
Save Link	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12
TopsDatum1	34894 -1307	48510 -1622
TopsDatum2		-1554
TopsDatum3		-1546
TopsDatum4		-1460
TopsDatum5		-1440
TopsDepth1	3973	4300
TopsDepth2		4232
TopsDepth3		4224

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsDepth4		4138
TopsDepth5		4118
TopsName1	Kansas City	Morrow
TopsName2		Johnson
TopsName3		Cherokee
TopsName4		Ft Scott
TopsName5		Pleasanton
Total Depth	4500	4430

Summary of Attachments

Lease Name and Number: Rose Trust B 1

API: 15-109-21360-00-00

Doc ID: 1248510

Correction Number: 1

Attachment Name



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234894
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 063783

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Dakley Ky

DATE <u>10/24/14</u>	SEC. <u>29</u>	TWP. <u>14</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION	JOB START <u>12:30pm</u>	JOB FINISH <u>1:00pm</u>
LEASE <u>Rose Fruit</u>	WELL # <u>1</u>	LOCATION <u>Dakley 5th Gold Rd.</u>			COUNTY <u>Logan</u>	STATE <u>Ky</u>	
OLD OR NEW (Circle one)		<u>2 1/2 W to Old Farm Stead 12 into</u>					

CONTRACTOR Landmark 3

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 263

CASING SIZE 8 3/8 DEPTH 263

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 15.29

OWNER Same

CEMENT AMOUNT ORDERED Com 370CL
270 gal

EQUIPMENT

PUMP TRUCK # 422281 CEMENTER Alan Ryan
HELPER Kevin Ryan

BULK TRUCK # 891 DRIVER Marco (two)

BULK TRUCK # _____ DRIVER _____

COMMON <u>180</u>	@ <u>1.720</u>	<u>3222.00</u>
POZMIX _____	@ _____	_____
GEL <u>338 lb</u>	@ <u>.52</u>	<u>169.80</u>
CHLORIDE <u>507 lb</u>	@ <u>.12</u>	<u>55.70</u>
ASC _____	@ _____	_____
Material Total	@ _____	<u>3918.70</u>
(<u>391.81/108</u>)	@ _____	_____
HANDLING <u>194.6430</u>	@ <u>2.48</u>	<u>482.71</u>
MILEAGE <u>22</u> <u>700/mile</u>	@ <u>8.8837</u>	<u>1603.77</u>
TOTAL	_____	_____

REMARKS:
Per Coy, Circulate, Mix Cement, Displace Cement
Shooting
Cement did Circulate

CHARGE TO: Black Tea

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB <u>263'</u>	_____
PUMP TRUCK CHARGE _____	<u>15.12</u>
EXTRA FOOTAGE _____	@ _____
MILEAGE <u>28</u>	@ <u>7.70</u> <u>215.60</u>
MANIFOLD _____	@ _____
City Vehicle <u>28</u>	@ <u>4.40</u> <u>123.20</u>
(<u>329.27/108</u>)	@ _____
TOTAL	<u>3,292.75</u>

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____

TOTAL CHARGES 7,241.45

DISCOUNT 724.14 (108) IF PAID IN 30 DAYS

6,517.30 Net.

PRINTED NAME _____

SIGNATURE Marin Maldonado



FIELD RECEIPT NO. 10011114287

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 04	YEAR 2014	BHI REPRESENTATIVE Adam K Isbell	WELL APINO: 15109213600000	WELL TYPE: New Well			
DISTRICT PP, PERRYTON	JOB DEPTH(ft) 4,449		WELL CLASS: Oil	GAS USED ON JOB: No Gas					
WELL NAME AND NUMBER Rose Trust B-1	TD WELL DEPTH(ft) 4,451		JOB TYPE CODE: Long String						
WELL LOCATION:	LEGAL DESCRIPTION 29-32W-14S		COUNTY/PARISH Logan	STATE Kansas					
PRODUCT CODE	DESCRIPTION			UNIT OF MEASURE	QUANTITY	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	333	0.520	173.16	45%	95.24
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						12,484.61		45.00%	6,866.55
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
SERVICE RECEIPT: I CERTIFY THAT THE MATERIALS AND SERVICES LISTED WERE RECEIVED AND ALL SERVICES PERFORMED IN A WORKMANLIKE MANNER.									
CUSTOMER REP. James Werth									
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS									
CUSTOMER AUTHORIZED AGENT									
BHI APPROVED <i>[Signature]</i>									
CUSTOMER AUTHORIZED AGENT									



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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 04 YEAR 2014		BHI REPRESENTATIVE Adam K Isbell		WELL API NO: 15109213600000		WELL TYPE: New Well			
DISTRICT PP, PERRYTON		JOB DEPTH(ft) 4,449		WELL CLASS: Oil		GAS USED ON JOB: No Gas			
WELL NAME AND NUMBER Rose Trust B-1		TD WELL DEPTH(ft) 4,451		JOB TYPE CODE: Long String					
WELL LOCATION: LEGAL DESCRIPTION 29-32W-14S		COUNTY/PARISH Logan		STATE Kansas					
PRODUCT CODE	DESCRIPTION	UNIT OF MEASURE	QUANTITY	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	1	70.250	70.25	0%	70.25		
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		
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		
	SUB-TOTAL FOR Equipment				20,022.25	44.84%	11,043.85		
	FIELD ESTIMATE				39,988.27	44.68%	22,119.67		
ARRIVE LOCATION : 11 03 2014 23:00		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.		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. James Werth		SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS		CUSTOMER AUTHORIZED AGENT		X		CUSTOMER AUTHORIZED AGENT	
				CUSTOMER AUTHORIZED AGENT		X		BHI APPROVED	
						X		<i>James Werth</i>	



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MAIL INVOICE TO 1011 CENTENNIAL BOULEVARD, SUITE B HAYS		CITY		STATE		ZIP CODE			
DATE WORK MO. DAY YEAR COMPLETED 11 04 2014		BHI REPRESENTATIVE Adam K Isbell		WELL API NO: 15109213600000		WELL TYPE: New Well			
DISTRICT PP, PERRYTON		JOB DEPTH(ft) 4,449		WELL CLASS: Oil					
WELL NAME AND NUMBER Rose Trust B-1		TD WELL DEPTH(ft) 4,451		GAS USED ON JOB: No Gas					
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100295	Cello Flake	lbs	55				154.28		
100404	Sodium Chloride	lbs	499	333			142.71		
488019	FP-6L	gals	2				114.68		
488073	FL-62	lbs	93	97			1,102.28		
499634	Kot-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		
L425411-00	Lafarge Red Rock Poz	sack	110				992.20		
SUB-TOTAL FOR Product Material							6,866.61		
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 03 2014		TIME 23:00		SERVICE ORDER: I AUTHORIZE WORK TO BEGIN PER SERVICE INSTRUCTIONS IN ACCORDANCE WITH THE TERMS AND CONDITIONS PRINTED ON THE LAST PAGE OF THIS FORM AND REPRESENT THAT I HAVE AUTHORITY TO ACCEPT AND SIGN THIS ORDER.					
CUSTOMER REP. James Werth				CUSTOMER AUTHORIZED AGENT					
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS				CUSTOMER AUTHORIZED AGENT					
				BHI APPROVED <i>James Werth</i>					



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DATE WORK MO. DAY YEAR BHI REPRESENTATIVE COMPLETED 11 04 2014 Adam K Isbell		WELL API NO: 15109213600000		WELL TYPE : New Well					
DISTRICT PP, PERRYTON		JOB DEPTH(ft) 4,449		WELL CLASS : Oil					
WELL NAME AND NUMBER Rose Trust B-1		TD WELL DEPTH(ft) 4,451		GAS USED ON JOB : No Gas					
WELL LOCATION : LEGAL DESCRIPTION 29-32W-14S		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				3,547.50		
F090	Fuel per pump charge - cement	pump/hr	1				70.25		
J050	Cement Head	job	1				456.50		
J225	Data Acquisition, Cement, Standard	job	1				1,171.50		
J390	Mileage, Heavy Vehicle	miles	360				2,346.30		
J391	Mileage, Auto, Pick-Up or Treating Van	miles	360				1,326.60		
J553	Circulating Equipment	job	1				1,309.00		
J401	Bulk Delivery, Dry Products	ton-mi	2047				10,227.65		
	SUB-TOTAL FOR Equipment						4,435.85		
	SUB-TOTAL FOR Freight/Delivery Charges						4,435.85		
	FIELD ESTIMATE						22,579.41		

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]

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.

[Signature]

CUSTOMER AUTHORIZED AGENT

ARRIVE LOCATION : MO. DAY YEAR TIME
11 03 2014 23:00

CUSTOMER REP. James Werth

SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS

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



Job ID: 10011114287 Estimate No: 1000789692

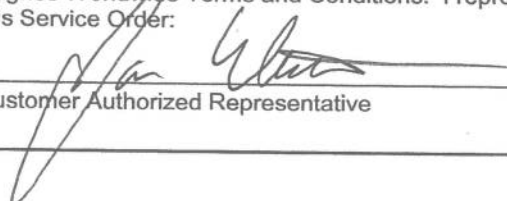
JOB SUMMARY/SERVICE ORDER

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:



 Customer Authorized Representative

Date: 11-3-14