

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1076054

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15
Name:	_ Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	
Phone: ()	
CONTRACTOR: License #	County:
Name:	
Wellsite Geologist:	
Purchaser:	-
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
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:	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/
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWE	Chloride content: ppm Fluid volume: bbls
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	License #:
SWD Permit #:	QuarterSec TwpS. R East 🗌 West
ENHR Permit #:	County: Permit #:
GSW Permit #:	
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date	-

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY				
Letter of Confidentiality Received				
Date:				
Confidential Release Date:				
Wireline Log Received				
Geologist Report Received				
UIC Distribution				
ALT I II III Approved by: Date:				

	Side Two	1
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional She	eets)	Yes]No		g Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolog	,	Yes] No	Name	9		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	☐ Yes ☐ ☐ Yes ☐ ☐ Yes ☐] No] No] No					
List All E. Logs Run:								
			ASING RE	ECORD Ne		on. etc.		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.	3	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					e			ement Squeeze Record d of Material Used)	Depth
TUBING RECORD:	Si	ze:	Set At:		Packe	r At:	Liner F	Run:	No	
Date of First, Resumed	Product	ion, SWD or ENH	۶.	Producing N	1ethod:	ping	Gas Lift	Other <i>(Explain)</i>		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
		,								
DISPOSITIO	ON OF (GAS:			METHOD	OF COMPLE	TION:		PRODUCTION INT	ERVAL:
Vented Sold		Used on Lease		Open Hole	Perf.	Dually (Submit)	Comp. 4 <i>CO-5)</i>	Commingled (Submit ACO-4)		
(If vented, Sub	omit ACC)-18.)		Other (Specify)						

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Form	ACO1 - Well Completion
Operator	Tailwater, Inc.
Well Name	WITTMAN 1-T
Doc ID	1076054

Tops

Name	Тор	Datum
303	lime	base of the KC
489	lime	oil show
511	sand	green, lite oil show
534	oil sand	green, good bleeding
690	oil sand	brown, good bleeding
698	sand	black, light oil show
731	broken sand	brown & grey sand, light bleeding
760	broken sand	brown & grey sand, no oil
766	oil sand	brown, ok bleeding
800	oil sand	brown, no oil

Consolidated

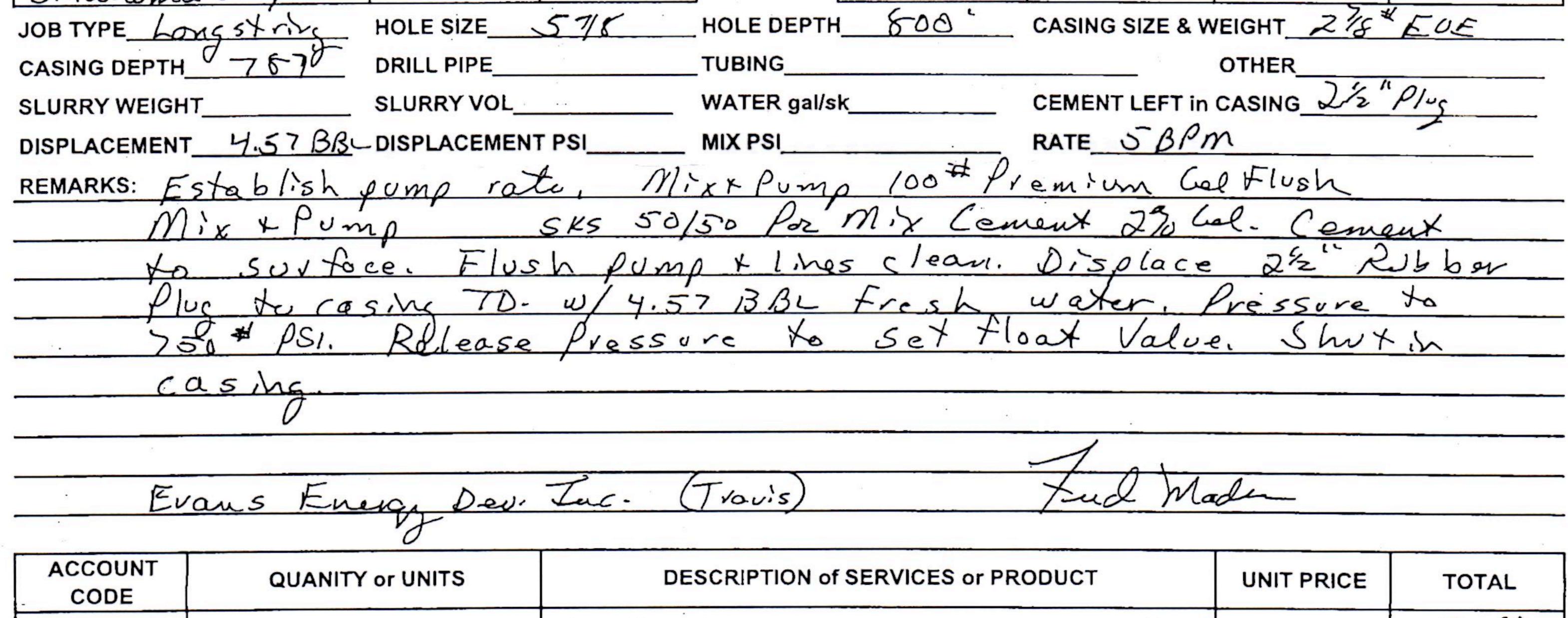
Qil Well Services, LLC

TICKET NUMBER 33128 LOCATION Offama KS FOREMAN Fred Made

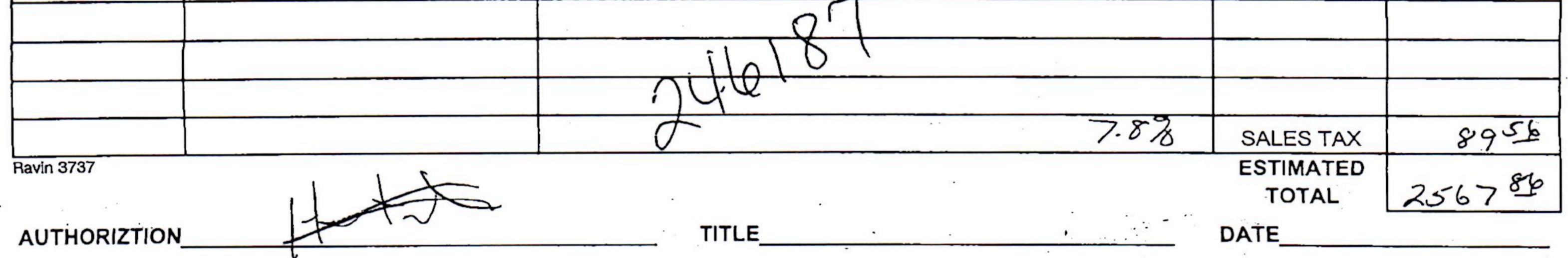
PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT SECTION WELL NAME & NUMBER TOWNSHIP RANGE COUNTY CUSTOMER # DATE 41 Homan SEIL 20 AN 7806 11/29/11 20 CUSTOMER Tail water Inc. TRUCK # DRIVER TRUCK# DRIVER MAD MAILING ADDRESS 506 Safety FREMAD ABB Avondale DR. HARBEC 6421 495 STATE ZIP CODE 370 CITY GM GARMOO 510 OIL 73116 RYA CIN Oklahoma (i 25



5401	/	PUMP CHARGE	495	97509
5406	0	MILEAGE Truck on Lease		ALIC
5402	787	Cosing Kookoge.		N/C
5407A	174.6	Ton miles		22000
5502C	レントレ	80 BBL Vac Truck		13500-
1124	102 s Ks	50/50 Por Mix Cenut		106590
1118-B	272#	Promiun Cel		5440
4402	·)	2/2" Rubber Plug	5	2800
* *				



I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form