



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1081111
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

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: _____

1081111

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Tailwater, Inc.
Well Name	WHITESIDE 8-T
Doc ID	1081111

Tops

Name	Top	Datum
276	lime	base of the KC
470	lime	oil show
493	oil sand	green, good bleeding
519	"	"
639	broken sand	brown & green sand, good bleeding
680	oil sand	brown, good bleeding
690	sand	black, no oil show
739	broken sand	brown & grey sand, good bleeding, gassy
757	sand	black, no oil show
771	broken sand	brown & grey sand, lite bleeding
817	sand	black, no oil show
829	sand	white, no oil

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

May 18, 2012

Chris Martin
Tailwater, Inc.
6421 AVONDALE DR STE 212
OKLAHOMA CITY, OK 73116-6428

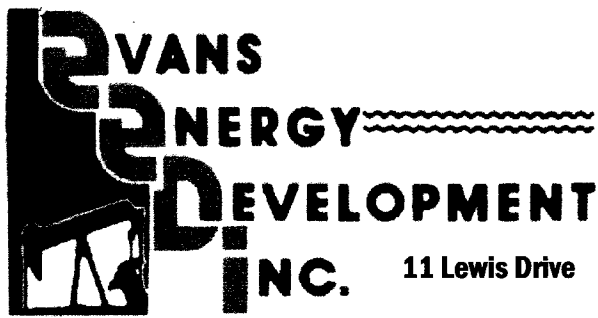
Re: ACO1
API 15-003-25419-00-00
WHITESIDE 8-T
SW/4 Sec.22-20S-20E
Anderson County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Chris Martin



**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083
Fax: 913-557-9084

11 Lewis Drive Paola, KS 66071

WELL LOG
Tailwater, Inc.
Whiteside #8-T
API#15-003-25,419
April 6 - April 9, 2012

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
8	soil & clay	8
2	clay & gravel	10
68	shale	78
28	lime	106
69	shale	175
7	lime	182
5	shale	187
10	lime	197
3	shale	200
23	lime	223
6	shale	229
22	lime	251
3	shale	254
22	lime	276 base of the Kansas City
179	shale	455
4	lime	459
4	shale	463
7	lime	470 oil show
6	shale	476
17	oil sand	493 green, good bleeding
1	shale	494
1	coal	495
5	shale	500
19	oil sand	519 green, good bleeding
1	shale	520
1	coal	521
30	shale	551
4	lime	555
22	shale	577
4	lime	581
25	shale	606
2	lime	608
25	shale	633
6	broken sand	639 brown & green sand, good bleeding
34	shale	673
1	lime & shells	674
6	oil sand	680 brown, good bleeding
6	shale	686
4	sand	690 black, no oil show
25	shale	715

5	broken sand	720 brown & green sand, lite bleeding
5	silty shale	725
5	broken sand	730 brown & grey sand, ok bleeding
3	silty shale	733
6	broken sand	739 brown & grey sand, good bleeding, gassy
6	oil sand	745 brown, good bleeding, gassy
9	silty shale	754
3	sand	757 black, no oil show
7	silty shale	764
4	oil sand	768 brown, lite bleeding
3	broken sand	771 brown & grey sand, lite bleeding
3	silty shale	774
3	sand	777 black, no oil show
4	silty shale	781
6	sand	787 black, no oil show
20	silty shale	807
10	sand	817 black, no oil show
12	sand	829 white, no oil
		829 TD

Drilled a 9 7/8" hole to 22.4'

Drilled a 5 5/8" hole to 829'

Set 22.4' of 7" surface casing cemented with 5 sacks of cement.

Set 818.9' of 2 7/8" threaded and coupled 8 round upset tubing with 3 centralizers, 1 float shoe and 1 clamp.



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36613
LOCATION Ottawa KS
FOREMAN Fred Maden

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/10/12	7806	Whiteside # 9-T	SE	20	20	AN
CUSTOMER Tailwater Inc.			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 6421 Avondale Dr			506	FREMAO	Safety	Mad.
CITY STATE ZIP CODE Oklahoma City OK 73116			495	HARBEC	HB	
			369	DERMAS	DM	
			548	MIKHAA	MA	

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 829 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 819 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
DISPLACEMENT 4.76 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate - Mix Pump 100# Premium Gel Flush.
Mix Pump 117 sks 50/50 Poz Mix Cement 2 7/8 Gel. Cement to
surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug
to casing ID. Pressure to 800 #PSI, Release pressure to
set float valve. Shut in casing.

TOS Drilling (Chad) Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE	495	1030.00	
5406	-	MILEAGE		N/C	
5402	819	Casing Footage		N/C	
5407	8 Minimum	Ten Miles	548	175.00	
5502C	1 1/2 hr.	80 BBL Vac Truck	369	135.00	
1124	117 sks	50/50 Poz Mix Cement		1281.15	
1118B	297 #	Premium Gel		623.7	
4402	1	2 1/2" Rubber Plug		28.00	
				SALES TAX	106.82
				ESTIMATED TOTAL	2615.41

249012

Ravin 3737 AUTHORIZATION _____ TITLE [Signature] DATE _____

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