



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1082014
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: _____

1082014

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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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 21, 2012

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

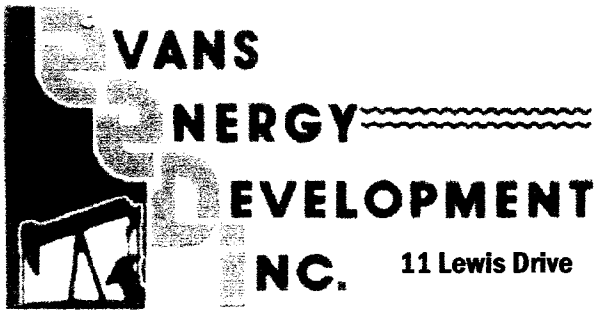
Re: ACO1
API 15-003-25420-00-00
WHITESIDE 9-T
SW/4 Sec.22-20S-20E
Anderson County, Kansas

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,
Christian L. Martin



11 Lewis Drive

Paola, KS 66071

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

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Tailwater, Inc.

Whiteside #9-T

API#15-003-25,420

April 17 - April 19, 2012

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
16	soil & clay	16
2	clay & gravel	18
56	shale	76
30	lime	104
64	shale	168
10	lime	178
5	shale	183
37	lime	220
6	shale	226
22	lime	248
3	shale	251
25	lime	276 base of the Kansas City
177	shale	453
3	lime	456
4	shale	460
9	lime	469 oil show
9	shale	478
11	oil sand	489 green, good bleeding
7	shale	496
19	oil sand	515 green, good bleeding
5	shale	520
1	coal	521
7	shale	528
6	lime	534
15	shale	549
4	lime	553
18	shale	571
16	lime	587
16	shale	603
3	lime	606
25	shale	631
6	broken sand	637 brown & grey sand, good bleeding
34	shale	671
7	oil sand	678 brown, good bleeding
6	silty shale	684
4	sand	688 black, no oil show
32	shale	720
0.5	broken sand	720.5 brown & green sand, lite bleeding
5	silty shale	725.5
1.5	broken sand	727 brown & grey sand, ok bleeding

2.5	silty shale	729.5
1	broken sand	730.5 brown & grey sand, ok bleeding
1	silty shale	731.5
1.5	broken sand	733 brown & green sand, ok bleeding
2.5	silty shale	735.5
1	broken sand	736.5 brown & grey sand, ok bleeding
1	silty shale	737.5
2	broken sand	739.5 brown & grey sand, ok bleeding
2.5	silty shale	742
0.5	broken sand	742.5 brown & grey sand, ok bleeding
2	silty shale	744.5
2.5	broken sand	747 brown & grey sand, ok bleeding
3	oil sand	750 brown sand, good bleeding
3	broken sand	753 brown & grey sand, ok bleeding
12	silty shale	765
6	shale	771
3	grey sand	774 light oil show
3	silty shale	777
7	oil sand	784 brown & grey, ok bleeding
21	silty shale	805
8	grey sand	813 grey sand, laminated with shale, no oil
6	silty shale	819
16	shale	835
14	sand	849 green & brown, very light oil show
24	shale	873
10	silty shale	883
8	shale	891 TD

Drilled a 9 7/8" hole to 23.5'

Drilled a 5 5/8" hole to 891'

Set 23.5' of 7" surface casing cemented with 5 sacks of cement.

Set 881' 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 36672

LOCATION Ottawa KS

FOREMAN Fred Madir

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
4/19/12	7806	Whiteside #9T	SW 15	20	20	ANCO
CUSTOMER <u>Tailwater Inc</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>6421 Avondale Dr.</u>			500	FREEMAN	Safety	mdj
CITY <u>Oklahoma City</u>			495	NARBEC		
STATE <u>OK</u>			369	DERMAS		
ZIP CODE <u>73116</u>			510	MIKHAA		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 891 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 881 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 5.12 B DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix + Pump 100# Premium Gel Flush.
Mix + Pump 131 SKS 50/50 Por Mix Cement 2% Gel. Cement
to surface. Flush pump + lines clean. Displace 2 1/2" Rubber
plug to casing TD. Pressure to 800# PSI. Release pressure
to set float valve. Shut in casing.

Evans Energy Dev. Lnc (Mitchell)

Fred Madir

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
495 5401	1	PUMP CHARGE	495	1030 ⁰⁰
495 5406	-	MILEAGE		N/C
495 5402	881	Casing footage		N/C
510 5407	1/2 minimum	Ten Miles	510	175 ⁰⁰
369 5502C	1 1/2 hr	80 BBL Vac Truck	369	135 ⁰⁰
1124	131 SKS	50/50 Por Mix Cement		1434 ⁹⁵
1118B	320*	Premium Gel		67 ²⁰
4402	1	2 1/2" Rubber plug		25 ⁰⁰
			7.83	SALES TAX
				ESTIMATED TOTAL
				119 ³¹
				2988 ⁹⁶

Ravin 3737

249220

AUTHORIZATION [Signature]

TITLE _____

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.