

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1084973

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 #			API No. 15				
Name:			Spot Description:				
Address 1:			SecTwpS. R East West				
Address 2:			Feet from North / South Line of Section				
City: S	tate: Zi	p:+	Fe	eet from East / V	West Line of Section		
Contact Person:			Footages Calculated from	Nearest Outside Section Co	orner:		
Phone: ()			□NE □NW □SE □SW				
CONTRACTOR: License #			GPS Location: Lat:	, Long:			
Name:			(e.g. xx.xxxxx) (e.gxxx.xxxxxx)				
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84			
Purchaser:			County:				
Designate Type of Completion:			Lease Name:	We	ell #:		
New Well Re	-Entry	Workover	Field Name:				
	_	_	Producing Formation:				
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW	Elevation: Ground: Kelly Bushing:				
☐ OG	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total De	epth:		
CM (Coal Bed Methane)	dow	тетір. Ава.	Amount of Surface Pipe Se	et and Cemented at:	Feet		
Cathodic Other (Con	e. Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No		
If Workover/Re-entry: Old Well In			If yes, show depth set:		Feet		
Operator:			If Alternate II completion, of	cement circulated from:			
Well Name:			feet depth to:	w/	sx cmt.		
Original Comp. Date:	Original To	otal Depth:					
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Manageme	nt Plan			
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from t				
O constitued and	D		Chloride content:	ppm Fluid volume:	bbls		
CommingledDual Completion			Dewatering method used:				
SWD			Location of fluid disposal if	f haulad offsita:			
☐ ENHR			Location of fluid disposal fi	nauled offsite.			
GSW	Permit #:		Operator Name:				
_			Lease Name:	License #:			
Spud Date or Date Rea	ached TD	Completion Date or	QuarterSec	TwpS. R	East _ West		
Recompletion Date		Recompletion Date	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:						

Page Two



Operator Name:				Lease I	Name: _			Well #:		
Sec Twp	S. R	East	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in press o surface test, along v	ures, whet vith final c	ther shut-in pre hart(s). Attach	essure reac extra shee	hed stati t if more	c level, hydrosta space is neede	tic pressures, bod.	ottom hole temp	erature, fluid re	ecovery,
Final Radioactivity Lo files must be submitte						gs must be ema	liled to kcc-well-	ogs@kcc.ks.go	v. Digital electi	ronic log
Drill Stem Tests Taker (Attach Additional		Ye	es No			J	on (Top), Depth		Samp	
Samples Sent to Geo	logical Survey	Ye	es No		Nam	e		Тор	Datum	1
Cores Taken ☐ Yes ☐ No Electric Log Run ☐ Yes ☐ No										
List All E. Logs Run:										
				RECORD	Ne					
	0: 11.1					ermediate, product		" 0 1	T 15	
Purpose of String	Size Hole Drilled		e Casing (In O.D.)	Weig Lbs.		Setting Depth	Type of Cement	# Sacks Used	Type and Pe Additive	
			ADDITIONAL	CEMENTI	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks	Used	Type and Percent Additives				
Perforate Protect Casing	Top Detterm									
Plug Back TD Plug Off Zone										
1 lug 011 20110										
Did you perform a hydrau	ulic fracturing treatment of	on this well?	•			Yes	No (If No, s	kip questions 2 a	nd 3)	
Does the volume of the t			_		-		= ` `	kip question 3)		
Was the hydraulic fractur	ing treatment information	n submitted	to the chemical of	disclosure re	gistry?	Yes	No (If No, f	ill out Page Three	of the ACO-1)	
Shots Per Foot			D - Bridge Plug Each Interval Perf				cture, Shot, Ceme			Depth
						(_	
TUBING RECORD:	Size:	Set At:		Packer A		Liner Run:				
		0017111		. dono. 7		[Yes N	0		
Date of First, Resumed	Production, SWD or EN	HR.	Producing Meth	nod:	g 🗌	Gas Lift (Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat	er B	bls.	Gas-Oil Ratio	Gra	avity
DIODOCITI	01.05.040			4ETUOD 05	001451	TION		DDODUCT	ONLINITED (A)	
DISPOSITION Solo	ON OF GAS: Used on Lease		N Open Hole	∥ETHOD OF ☐ Perf.			nmingled	PRODUCTION	ON INTERVAL:	
	bmit ACO-18.)		Other (Specify)		(Submit		mit ACO-4)			

Form	ACO1 - Well Completion				
Operator	Tailwater, Inc.				
Well Name	WHITESIDE 13-T				
Doc ID	1084973				

Tops

Name	Тор	Datum
282	lime	base of the KC
461	shale	oil show
524	oil sand	green, good bleeding
684	II .	brown, good bleeding
695	sand	black, no oil show
742	broken sand	brown & grey sand, ok bleeding
765	oil sand	lite brown, lite oil show
770	oil sand	black, lite bleeding
805	sand	grey, no oil
855	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/

Sam Brownback, Governor

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

June 18, 2012

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

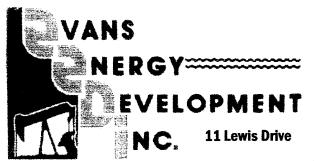
Re: ACO1 API 15-003-25423-00-00 WHITESIDE 13-T SW/4 Sec.22-20S-20E Anderson County, Kansas

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

Paola, KS 66071

WELL LOG

Tailwater, Inc. Whiteside #13-T API#15-003-25,423 March 30- April 2, 2012

Thickness of Strata	<u>Formation</u>	<u>Total</u>
8	soil & clay	8
75	shale	83
30	lime	113
62	shale	175
11	lime	186
5	shale	191
37	lime	228
7	shale	235
22	lime	257
4	shale	261
21	lime	282 base of the Kansasa City
38	shale	320
6	sand	326
127	shale	453
4	lime	457
4	shale	461 oil show
12	lime	473
13	shale	486
12	oil sand	498 green, good bleeding
6	shale	504
20	oil sand	524 green, good bleeding
5	shale	529
1	coal	530
3	shale	533
9	lime	542
12	shale	554
4	lime	558
20	shale	578
9	lime	587
6	shale	593
7	lime	600
37	shale	637
5	broken sand	642 brown & grey sand, good bleeding
34	shale	676
1	lime & shells	677
7	oil sand	684 brown, good bleeding
7	silty shale	691
4	sand	695 black, no ol show
27	shale	722
2	broken sand	724

3	silty shale	727
5	broken sand	732 brown & grey sand, lite bleeding
3	silty shale	735
3	broken sand	738 brown & grey sand, ok bleeding
2	silty shale	740
2	broken sand	742 brown & grey sand, ok bleeding
2	silty shale	744
3	broken sand	747 brown & grey sand, lite bleeding
4	oil sand	751 lite brown, lite bleeding, gassey
4	silty shale	755
3	broken sand	758 brown & grey sand, lite oil show
7	oil sand	765 lite brown, lite oil show
3	oil sand	768 brown, good bleeding, gassey
2	oil sand	770 black, lite bleeding
8	silty shale	778
12	shale	790
3	sand	793 grey, no oil show
10	broken sand	803 brown & grey sand, ok bleeding
2	sand	805 grey, no oil
8	broken sand	813 grey & white sand, no oil show
38	shale	851
4	sand	855 white, no oil
4	shale	859 TD

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Drilled a 9 7/8" hole to 22.4' Drilled a 5 5/8" hole to 859'

Whiteside #13-T

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

Set 848.5' of 2 7/8" threaded and coupled 8 round upset tubing with 3 centralizers, 1 float shoe and 1 clamp.



LOCATION 0 + 2 ac g
FOREMAN Alan Mada

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

FIELD TICKET & TREATMENT REPORT

620-431-9210 or	800-467-8676			CEMEN				
DATE	CUSTOMER#		NAME & NUME		SECTION	TOWNSHIP	RANGE	COUNTY
4-3-12	7806	White Sid	le #13	1. T	SW 15	20	20	PN
CUSTOMER					TRUCK#	DRIVER	TRUCK#_	DRIVER
MAILING ADDRES	1ater			1.	FI/	777	Safet	Meex
2 .	_	10/0	• •		3/3	Hann	GM	y stock
642)	Avond	STATE Z	IP CODE	1	270	GaryM	1//	
	04		73116		558	ReithC	25	
OKlahom			1/2	⊔HOLE ÐEPTI	0 =0	CASING SIZE & W	FIGHT 27	<i>₹</i>
JOB TYPE LON	/ 20 00 /		<u> </u>	TUBING	n	CASING SIZE & N	OTHER	<u></u>
CASING DEPTH_	,	DRILL PIPE		_ TOBING WATER gai/s		CEMENT LEFT in		20
SLURRY WEIGHT	4.9	SLURRY VOL DISPLACEMENT	PSI 800	MIX PSI		/	pn	·
DISPLACEMENT_	1 4			1			ced & Du	un Ped
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ACCOUNT	QUANITY	or LINITS	DE	SCRIPTION	of SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
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Ravin 3737		_					TOTAL	291849
			-				• *	

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.