

1091047

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:
 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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 37484
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/24/12	7806	Wittman # 4-T	SE 16	20	20	AN

CUSTOMER
Tailwater Inc
MAILING ADDRESS
6421 Avondale A
CITY
Oklahoma City STATE OK ZIP CODE 73116

TRUCK #	DRIVER	TRUCK #	DRIVER
506	Fred Mad	Safety	ndy
368	Art Mcn	ARM	
370	Jas Ric	JR	
510	Bre Man	BM	

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 770 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 760.0 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
DISPLACEMENT 4.4838 DISPLACEMENT PSI _____ MIX PSI _____ RATE 48 PM

REMARKS: Establish pump rate. Mix Pump 100# Gel Flush. Mix + Pump
97 sks 50/50 Poz 220 Gals Cement to surface. Flush pump + lines
clean. Displace 2 1/2" rubber Plug to casing TD. Pressure to 200#
PSI. Release pressure to set float valve. Shut in casing

Evans Energy Dev. Inc. Fred Mader

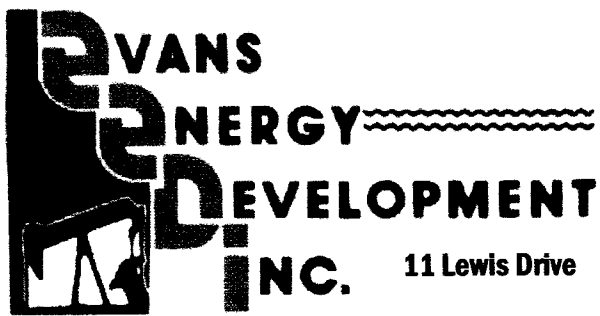
ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1030 ⁰⁰
5406	20mi	MILEAGE	368	6000
5402	770	Casing footage		NIC
5407	1/2 Minimum	Ton Miles	510	175 ⁰⁰
5502c	1 1/2 hr	80 BBL Vac Truck	370	135 ⁰⁰
1124	97 sks	50/50 Poz mix Cement		1062 ¹⁵
1180	263 #	Premium Gel		55 ³³
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7.8%	SALES TAX
				ESTIMATED TOTAL
				89 ³⁴
				2654 ²²

vin 3737

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.

251550



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.

Wittman #4-T *516*

API#15-003-25,325

July 20 - July 23, 2012

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
13	soil & clay	13
89	shale	102
32	lime	134
23	shale	157
9	lime	166
36	shale	202
2	lime	204
4	shale	208
3	lime	211
12	shale	223
29	lime	252
5	shale	257
2	coal	259
25	lime	284
4	shale	288
2	lime	290
3	shale	293
13	lime	306 base of the Kansas City
166	shale	472
4	lime	476
6	shale	482
7	lime	489 bleeding
13	shale	502
10	sand	512
15	shale	527
6	oil sand	533 slight odor, no bleeding
2	shale	535
1	coal	536
5	shale	541
13	lime	554
11	shale	565
4	lime	569
18	shale	587
2	lime	589
54	shale	643
4	sand	647 gray, no oil
31	shale	678
1	broken sand	679
8	oil sand	687 good bleeding, odor

2	broken sand	689
34	sandy shale	723
47	broken sand	770 no odor, no oil show
		770 TD

Drilled a 9 7/8" hole to 22'
Drilled a 5 5/8" hole to 770'

Set 22' of 7" surface casing cemented with 6 sacks of cement.

Set 759' of 2 7/8" threaded and coupled 8 round upset tubing with 3 centralizers, 1 float shoe and 1 clamp.

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
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 13, 2012

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

Re: ACO1
API 15-003-25325-00-00
Wittman 4-T
SE/4 Sec.16-20S-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