



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1097559
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: _____



1097559

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
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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)*

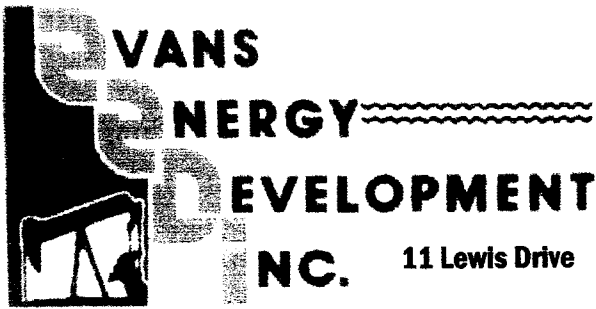
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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: _____ _____
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**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

11 Lewis Drive

Paola, KS 66071

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Tailwater, Inc.

Wittman #7-IW (S16)

API#15-003-25,344

October 3 - October 4, 2012

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
8	soil & clay	8
120	shale	128
35	lime	163
22	shale	185
4	lime	189
44	shale	233
10	lime	243
8	shale	251
36	lime	287
5	shale	292
21	lime	313
3	shale	316
17	lime	333 base of the Kansas City
170	shale	503
3	lime	506
7	shale	513
8	lime	521 oil show
29	shale	550
16	oil sand	566 green, good bleeding
1	coal	567
5	shale	572
8	lime	580
15	shale	595
4	lime	599
19	shale	618
7	lime	625
15	shale	640
8	lime	648
12	shale	660
5	lime	665
45	shale	710
1	lime & shells	711
4	oil sand	715 brown, good bleeding
7	broken sand	722 brown & grey, good bleeding
4	shale	726
4	sand	730 black, no oil show
18	shale	748
19	broken sand	767 brown & grey, no oil show
		767 TD

Drilled a 9 7/8" hole to 21'

Drilled a 5 5/8" hole to 767'

Set 21' of 7" surface casing cemented with 6 sacks of cement.

Set 757.1' 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

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

TICKET NUMBER 34998
LOCATION Oxtawa KS
FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/5/12	7806	Wittman #7-JW	SE 16	20	20	AN

CUSTOMER
Tail water Inc.
MAILING ADDRESS
6421 Avondale Dr.
CITY
Oklahoma City STATE
OK ZIP CODE
73116

TRUCK #	DRIVER	TRUCK #	DRIVER
506	Fre Mad	Safety	Mixg
495	How Bec	HR	
675	Kei Det	KD	
548	Mik Haa	MH	

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 767 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 757 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
DISPLACEMENT 4.43 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix + Pump 100# Gel Flush. Mix + Pump
cks 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. Hold + Monitor pressure for
30 min. MIT. Release pressure to set float valve. Shut in
Casing

Evans Energy Dev. Inc - Travis Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	995	1030 ⁰⁰
5406	25 mi	MILEAGE	495	100 ⁰⁰
5402	757	Casing footage		N/C
5407	1/2 minimum	Ton Miles	548	175 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck	675	180 ⁰⁰
1124	110 sks	50/50 Por Mix Cement		1204 ⁵⁰
1115B	265#	Premium Gel		59 ⁵⁵
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7.5%	SALES TAX
				ESTIMATED TOTAL
				100 ⁵⁰
				2898 ⁰⁵

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

253523

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

October 15, 2012

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

Re: ACO1
API 15-003-25344-00-00
Wittman 7-IW
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,
Chris Martin