



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1098457
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: _____



1098457

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: 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> _____ <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
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

October 23, 2012

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

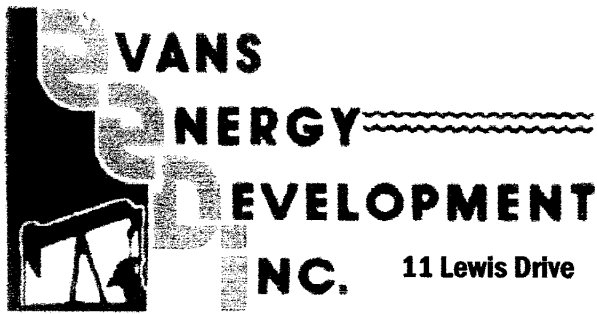
Re: ACO1
API 15-003-25343-00-00
Wittman 6-IW
SE/4 Sec.16-20S-20E
Anderson County, Kansas

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



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.

Wttman # 6-IW (S16)

API#15-003-25,343

October 11 - October 12, 2012

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
19	soil & clay	19
92	shale	111
34	lime	145
21	shale	166
4	lime	170
21	shale	191
10	lime	201
8	shale	209
36	lime	245
6	shale	251
35	lime	286
3	shale	289
24	lime	313 base of the Kansas City
170	shale	483
3	lime	486
5	shale	491
6	lime	497 oil show
10	shale	507
12	oil sand	519 green, ok bleeding
1	coal	520
15	shale	535
12	oil sand	547 green, good bleeding
1	coal	548
3	shale	551
8	lime	559
14	shale	573
6	lime	579
16	shale	595
10	lime	605
20	shale	625
7	lime	632
55	shale	687
1	lime & shells	688
7	oil sand	695 brown, good bleeding
3	broken sand	698 brown & grey, good bleeding
4	shale	702
4	sand	706 black, no oil show

14	shale	720
45	broken sand	765 brown & grey sand, no oil show
		765 TD

Drilled a 9 7/8" hole to 21'
Drilled a 5 5/8" hole to 765'

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

Set 754.6' 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 35038

LOCATION Ottawa KS

FOREMAN Fred Mader

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
10/12/12	7806	Wittman # 6-IW	SF 16	20	20	AN

CUSTOMER <u>Tailwater Inc.</u>		
MAILING ADDRESS <u>6421 Avondale Dr</u>		
CITY <u>Oklahoma City</u>	STATE <u>OK</u>	ZIP CODE <u>73116</u>

TRUCK #	DRIVER	TRUCK #	DRIVER
506	Fred Mad	Safety	MY
495	Kei Car	KC	2
370	Jas Ric	JR	
503	Dan Det	DD	

JOB TYPE <u>Longstrick</u>	HOLE SIZE _____	HOLE DEPTH <u>765</u>	CASING SIZE & WEIGHT <u>2 7/8 E U K</u>
CASING DEPTH <u>7550</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>2 1/2" Ply</u>
DISPLACEMENT <u>4.30 BBL</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>53 PM</u>

REMARKS: Est. establish pump rate. Mix + Pump 100# Gel Flush. Mix + Pump
118 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. Hold + Monitor pressure for 30 min MIT.
Release pressure to set + float valve. Shut in casing.

Evans Energy Dev. Inc - Travis

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	25 mi	MILEAGE	495	100 ⁰⁰
5402	755	Casing footage		N/C
5407	Minimum	Ton Miles	503	350 ⁰⁰
55020	2 hrs	80 BBL Vac Truck	370	150 ⁰⁰
1124	118 SKS	50/50 Por Mix Cement		1292 ⁰⁰
118B	279#	Premium Gel		62 ⁷⁹
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7.8%	SALES TAX
				ESTIMATED TOTAL
				107.86
				3.150.75

Ravin 3737

AUTHORIZATION _____

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.

253699