

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1104040

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:			Sec.	TwpS. R	East _ West
Address 2:			F6	eet from North /	South Line of Section
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section
Contact Person:			Footages Calculated from	Nearest Outside Section C	Corner:
Phone: ()			□ NE □ NW	V □SE □SW	
CONTRACTOR: License #			GPS Location: Lat:	, Long:	
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84	
Purchaser:			County:		
Designate Type of Completion:			Lease Name:	W	ell #:
	e-Entry	Workover	Field Name:		
	_		Producing Formation:		
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW	Elevation: Ground:	Kelly Bushing:	
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total D	epth:
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet
☐ Cathodic ☐ Other (Co	ore. Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No
If Workover/Re-entry: Old Well I			If yes, show depth set:		
Operator:			If Alternate II completion, c	cement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:					
Deepening Re-perf	J	ENHR Conv. to SWD	Drilling Fluid Managemer	nt Plan	
Plug Back	Conv. to G		(Data must be collected from to		
Commingled	Permit #		Chloride content:	ppm Fluid volume	: bbls
Dual Completion			Dewatering method used:_		
SWD			Location of fluid disposal if	hauled offsite:	
ENHR	Permit #:				
GSW	Permit #:		Operator Name:		
			Lease Name:		
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	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:

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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 Electric Log Run		☐ Ye								
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 0 li 20 lio										
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				[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)			

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 Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner

December 06, 2012

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

Re: ACO1

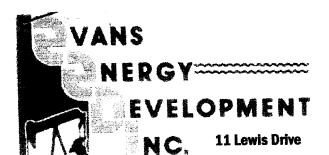
API 15-003-25622-00-00 Pedrow 10-T NE/4 Sec.28-20S-20E Anderson County, Kansas

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

WELL LOG

Paola, KS 66071

Tailwater, Inc. Pedrow #10-T API#15-003-25,622

November 21 - November 26, 2012

Thickness of Strata	<u>Formation</u>	<u>Total</u>
6	soil & clay	6
2	clay & shale	8
72	shale	80
29	lime	109
70	shale	179
10	lime	189
8	shale	197
35	lime	232
5	shale	237
27	lime	264
3	shale	267
21	lime	288
170	shale	458
3	lime	461
7	shale	468
9	lime	477 oil show
10	shale	487
9	oil sand	496 green, ok bleeding
1	coal	497
10	shale	507
21	oil sand	528 green, good bleeding
1	coal	529
7	shale	536
6	lime	542
15	shale	557
8	lime	565
33	shale	598
7	lime	605
28	shale	633
6	broken sand	639 brown & green, ok bleeding
34	shale	673
1	lime & shells	674
6	oil sand	680 brown, good bleeding
4	shale	684
3	sand	687 black, no show
83	shale	770
. 1	broken sand	771 brown & grey, no show
12	silty shale	783
4	broken sand	787 brown & grey, light bleeding

Pedrow #	10)-T
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16	silty shale	803
26	sand	829 grey, no oil
10	oil sand	839 brown, ok bleeding
3	sand	842 white, no oil
44	shale	886 TD

Drilled a 9 7/8" hole to 21' Drilled a 5 5/8" hole to 886'

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

Set 876' of 2 7/8" threaded and coupled 8 round upset tubing with 3 centralizers, 1 float shoe and 1 clamp.



LOCATION of Hawa KS
FOREMAN Fred Made

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

FIELD TICKET & TREATMENT REPORT

				CLINEIA			4	
DATE	CUSTOMER#	WELL	NAME & NUM		SECTION	TOWNSHIP	RANGE	COUNTY
11/27/12 CUSTOMER	7806	Pedrow	7 10-	T	NE 28	20	20	AN
1		7]			医多色管 医克克二氏	
MAILING ADDRE	il water	Luc	· · · · · · · · · · · · · · · · · · ·	_	TRUCK#	DRIVER	TRUCK#	DRIVER
J				1 1	506	Fre Mad	Safety	NH
672	1 Avono	dale Dr.			495	Hor Bec	HB	-
CITY		STATE	ZIP CODE		370	Kercar	160	
Oklahom	a City	OK	73116		593			
	ng string	HOLE SIZE	<u> </u>	HOLE DEPTH_		Danbet	DA	<u> </u>
CASING DEPTH					88-6	CASING SIZE & W	/EIGHT_2/EE	UE
		DRILL PIPE		_TUBING			OTHER	
	Τ	SLURRY VOL	***	WATER gal/sk		CEMENT LECT !-	CAON 7%'	Alie
DISPLACEMENT								100
REMARKS: Es	stablish Di	ma ratu	MYXI	D. 4 7 70 9	C 0 F-1	RATE SBPM	<u> </u>	
	1KS 50	1=0 P x		SV 200	1 00	W MILY Y F	due	
P 1	313 001	20 182 11	ix cem	ent do c	rel. Cama	mx 10 SUV	face.	-
<u> </u>	sh pump	Y lives	Clean.	Displace	2% RUB	ber plue to sat	DCASAR	
- TA	. 10 ressu	ive to 8	<u>00 TPS/.</u>	Rologs	e DVeSS di	re to sox	£1.12	<u> </u>
Val	ue. Shut	in cash	4	,	7		1-2001-2	
		C						

					· · · · · · · · · · · · · · · · · · ·	/ \		
E,	ans Em	gu Devi	Luc	Tmuls.		Lu OV	lasts.	•
		1 A				1		

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		JOIAL
5406	25m.	MILEAGE 495		1030
5402	876	Casing Footage		10000
- 5407	& minimum			NIE
55020	Chr	C		17500
		80 BBL Vac (ruck 300		13500
1124	133 5145	50/50 Pm Min M.		
11188	324 [#]	50/50 Poz Mix Cement		145635
4402	,	Premium Gel		980A
7402		2k" Rubber Plug		2800

				·
				1
lavin 3737		7.8%	SALES TAX	121.09
	110.1		ESTIMATED TOTAL	311348
AUTHORIZTION_	- WWW	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 for

254934