



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1104919
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: _____



1104919

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

December 14, 2012

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

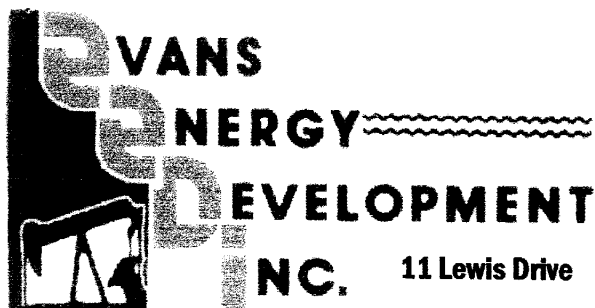
Re: ACO1
API 15-003-25623-00-00
Pedrow 12-T
NE/4 Sec.28-20S-20E
Anderson County, Kansas

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



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.

Pedrow #12-T

API#15-003-25,623

November 15 - November 16, 2012

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
6	soil & clay	6
2	clay & shale	8
72	shale	80
28	lime	108
70	shale	178
10	lime	188
5	shale	193
34	lime	227
8	shale	235
22	lime	257
3	shale	260
21	lime	281 base of the Kansas City
170	shale	451
3	lime	454
10	shale	464
6	lime	470 oil show
7	shale	477
14	oil sand	491 green, light bleeding
5	shale	496
26	oil sand	522 green, ok bleeding
1	coal	523
7	shale	530
6	lime	536
15	shale	551
8	lime	559
33	shale	592
7	lime	599
28	shale	627
9	broken sand	636 brown & green, ok bleeding
30	shale	666
1	lime & shells	667
6	oil sand	673 brown, ok bleeding
4	shale	677
3	sand	680 black, no oil
49	shale	729
10	broken sand	739 brown & grey, light bleeding
6	silty shale	745
31	broken sand	776 brown & grey, light bleeding
8	oil sand	784 brown, light show

4	silty shale	788
5	sand	793 black, no oil show
2	silty shale	795
4	broken sand	799 brown & grey, no show
34	oil sand	833 brown, ok bleeding
13	sand	846 white, no oil show
43	shale	889 TD

Drilled a 9 7/8" hole to 21'

Drilled a 5 5/8" hole to 889'

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

Set 879.3' 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 35240
LOCATION Ottawa KS
FOREMAN Fred Madu

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
11/16/12	7806	Padrow.# 12-T	NE 28	20	20	AW
CUSTOMER Tail water Inc.			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 6421 Avondale Dr			506	Fred Mad	Safety	Wly
CITY Oklahoma City	STATE OK	ZIP CODE 73116	495	Har Bec	HB	
			370	Kei Car	KC	
			510	Set Tec	ST	

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 889' CASING SIZE & WEIGHT 2 1/8 EUE
CASING DEPTH 879' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Ply
DISPLACEMENT 5.11 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix + Pump 100# Gel Flush. Mix + Pump
125 SKS 50/50 Por Mix Cement 270 Gel. Cement to surface. Flush.
pump + lines clean. Displace 2 1/2" Rubber plug to casing ID.
Pressure to 800# PSI. Release pressure to set float valve.
Shut in casing.

Evans Energy Dev. Inc - Travis

Fred Madu

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5404	-	MILEAGE		N/C
5402	879	Casing footage		N/C
5407	1/2 minimum	100 Miles	510	175 ⁰⁰
5502C	1 1/2 hr	80 BBL Vac Truck	370	135 ⁰⁰
1124	125 SKS	50/50 Por Mix Cement		1368 ²⁵
1118B	310 #	Premium Gel		65 ¹⁰
4402	1	2 1/2" Rubber Ply		28 ⁰⁰
			7.8%	SALES TAX
				ESTIMATED TOTAL
				114 ⁰²
				2915 ⁸⁷

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

254750