



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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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
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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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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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
3/7/13	7806	P.W. infrey # 10-T	SW 27	20	20	AN
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Tailwater Inc.			503	Fred Mad	Safety	MX
MAILING ADDRESS			495	Har Bec	HB	
6421 Avondale Dr			369	Der Mas	DM	
CITY	STATE	ZIP CODE	503	Dan Det	DD	
Oklahoma City	OK	73116				

JOB TYPE hang string HOLE SIZE 5 7/8 HOLE DEPTH 564 CASING SIZE & WEIGHT 2 7/8 EVE
 CASING DEPTH 554 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 4.97 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew meeting. Establish pump rate. Mix + Pump 100#
Gel Flush. Mix + Pump 120 sks 50/50 Poz Mix Cement 270 Gel
Cement to surface. Flush pump + lines clean. Displace
2 1/2" Rubber plug to casing TD. Pressure to 800# PSI.
Release pressure to set float valve. Shut in casing.

Evans Energy Dev. Inc - Travis

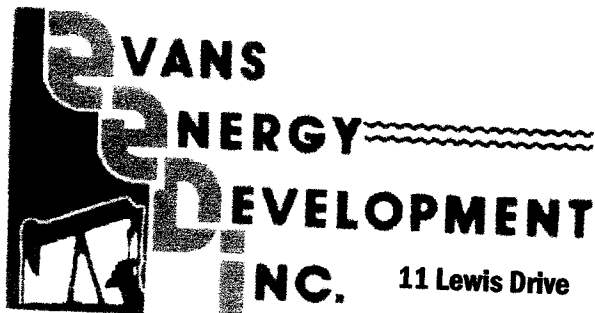
Fred Mader

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	854'	Casing footage		N/C
5407	1/2 Minimum	Ton Miles	503	175 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck	369	180 ⁰⁰
1124	120 sks	50/50 Poz Mix Cement		1314 ⁰⁰
1118B	302 [#]	Premium Gel		634 ²
4402	1	2 1/2" Rubber plug		28 ⁰⁰
			7.828	SALES TAX
				ESTIMATED
				TOTAL
				3000 ⁰⁴

Ravin 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



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.

P. Winfrey #10-T

API #15-003-25,79

March 4 - March 6, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
12	soil & clay	12
3	clay & gravel	15
33	shale	48
29	lime	77
23	shale	100
7	lime	107
36	shale	143
10	lime	153
4	shale	157
34	lime	191
12	shale	203
22	lime	225
3	shale	228
23	lime	251 base of the Kansas City
172	shale	423
3	lime	426
3	shale	429
2	lime	431
6	shale	437
7	lime	444 oil show
8	shale	452
14	broken sand	466 brown & green, light show
1	coal	467
17	shale	484
3	sand	487 white, no oil show
3	shale	490
3	sand	493 white, no oil show
1	coal	494
7	shale	501
6	lime	507
15	shale	522
8	lime	530
33	shale	563
7	lime	570
29	shale	599
1	broken sand	600 brown & green, good bleeding
2	oil sand	602 brown, good bleeding
1	broken sand	603 brown & green, light bleeding

4	shale	607
1	broken sand	608 brown & green, light bleeding
36	shale	644
1	lime & shale	645
1	sand	646 black, no oil show
4	broken oil sand	650 brown & grey, light bleeding
5	shale	655
3	sand	658 black, no oil show
107	shale	765
7	sand	772 white, no oil
1	oil sand	773 brown, good bleeding
2.5	oil sand	775.5 brown, ok bleeding
4	oil sand	779.5 brown, good bleeding
74.5	shale	854 TD

Drilled a 9 7/8" hole to 22.6'

Drilled a 5 5/8" hole to 854'

Set 22.6' of 7" surface casing cemented with 6 sacks of cement.

Set 844.5' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe and 1 clamp.

Core Times

	<u>Minutes</u>	<u>Seconds</u>		<u>Minutes</u>	<u>Seconds</u>
647		50	773		38
648		37	774		32
649		31	775		24
650		32	776		26
651		34	777		24
652		40	778		23
653		43	779		29
654		47	780		34
655		35	781		43
656		43	782		31
657		46	783		27
658		39	784		36
659		42	785		41
			786		36
			787		40
			788		43
			789		44

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

July 16, 2013

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

Re: ACO1
API 15-003-25794-00-00
P. Winfrey 10-T
SW/4 Sec.27-20S-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

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

July 23, 2013

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

Re: ACO-1
API 15-003-25794-00-00
P. Winfrey 10-T
SW/4 Sec.27-20S-20E
Anderson County, Kansas

Dear Christian L. Martin:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 03/04/2013 and the ACO-1 was received on July 16, 2013 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department