Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1133197

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:					
Address 2:	Feet from North / South Line of Section				
City: State: Zip:+	Feet from East / West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()					
CONTRACTOR: License #	GPS Location: Lat:, Long:				
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)				
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84				
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
New Well Re-Entry Workover	Field Name:				
	Producing Formation:				
	Elevation: Ground: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth:				
Gas D&A ENHR SIGW					
OG GSW Temp. Abd. CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet				
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No				
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet				
Operator:	If Alternate II completion, cement circulated from:				
Well Name:	feet depth to:w/sx cmt.				
Original Comp. Date: Original Total Depth:					
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan				
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)				
	Chloride content: ppm Fluid volume: bbls				
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
ENHR Permit #:					
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East _ West				
Recompletion Date 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:

	Page Two	1133197
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional She	eets)	Yes No		-	on (Top), Depth ar		Sample
Samples Sent to Geolog	ical Survey	Yes No	Nam	6		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING	RECORD Ne	w Used			
		Report all strings set-o	conductor, surface, inte	rmediate, product	ion, 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 / SQU	EEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and F	Percent Additives	
Protect Casing							

Did you perform a hydraulic	fracturing treatment	on this well?	Yes	No	(If No, skip questions 2 and 3)
Plug Off Zone					
Plug Back TD					
Protect Casing					
Periorale	1				

Yes

Yes

No

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?
Nas the hydraulic fracturing treatment information submitted to the chemical disclosure registry?

	(11 NO, skip questions 2 and 3)
No	(If No, skip question 3)

(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				Å		ement Squeeze Record I of Material Used)	Depth		
TUBING RECORD:	Siz	e:	Set At:		Packer	At:	Liner Rı	un:	No	
Date of First, Resumed	Producti	on, SWD or ENHR		Producing N	/lethod:	oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bbl	S.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVA										
Vented Sold	_	Jsed on Lease		Open Hole	Perf.		Comp.	Commingled (Submit ACO-4)		
(If vented, Sub	omit ACO	-18.)		Other (Specify)			,	(<i>Submit</i> ACO-4)		

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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

April 13, 2013

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

Re: ACO1 API 15-003-25789-00-00 P. Winfrey 6-IW 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

257696

TICKET NUMBER	38868
LOCATION Have	, KS
FOREMAN Casey	eund.
	7

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

- - 1.27

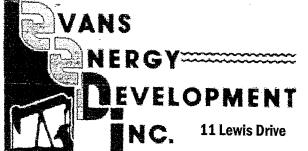
CONSOLIDATED OII Well Services, LLC

FIELD TICKET & TREATMENT REPORT

CEMENT

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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.



Oil & Gas Well Drilling Water Wells

Geo-Loop Installation

Paola, KS 66071

Phone: 913-557-9083 Fax: 913-557-9084

WELL LOG Tailwater, Inc. P. Winfrey #6-IW API #15-003-25,789 March 26 - March 27, 2013

Thickness of Strata	Formation	<u>Total</u>
13	soil & clay	13
4	clay & gravel	17
30	shale	47
28	lime	75
66	shale	141
10	lime	151
6	shale	157
38	lime	195
6	shale	201
23	lime	224
3	shale	227
21	lime	248
172	shale	420
3	lime	423
2	shale	425
3	lime	428
4	shale	432
9	lime	441 oil show
10	shale	451
12	broken sand	463 brown & green, light bleeding
1	coal	464
16	shale	480
8	silty shale	488
3	sand	491 grey, no oil, hard
1	shale	492
1	coal	493
7	shale	500
6	lime	506
15	shale	521
8	lime	529
35	shale	564
7	lime	571
30	shale	601
7	broken sand	608 brown & green, light bleeding
36	shale	644
1	lime & shells	645
1	sand	646 black, no oil
5	oil sand	651 brown, ok bleeding
		and the second s

P. Winfrey #6-IW

Page 2

3	shale	654
3	sand	657 black, no oil
151	shale	808 TD

Drilled a 9 7/8" hole to 22.8' Drilled a 5 5/8" hole to 808'

.

Set 22.8' of 7" surface casing cemented with 6 sacks of cement.

Set 798.1' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe and 1 clamp.