

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1136592

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 #:
New Well Re-Entry Workover			Field Name:		
	_		Producing Formation:		
☐ Oil ☐ WSW ☐ SWD ☐ SIOW			Elevation: Ground: Kelly Bushing:		
∐ Gas	☐ ENHR	☐ SIGW ☐ 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:			

Page Two



Operator Name: Lease Name: _ _ Well #: _ 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** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No Yes
 Yes
 ■
 Yes
 ■
 Yes
 ■
 Nes
 Nes Cores Taken Electric Log Run ___ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) 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** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: DISPOSITION OF GAS: PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

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

April 24, 2013

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

Re: ACO1 API 15-003-25701-00-00 Pedrow 6-IW 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, Christian L. Martin

CONSOLIDATED OIL Welf Services, ELC

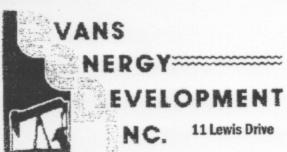
256497

TICKET NUMBER	38711
LOCATION OHawa	KS I
FOREMAN Casey Ke	unedy

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

FIELD TICKET & TREATMENT REPORT CEMENT

CUSTOMER (a) water MAILING ADDRESS	er Inc s xidale Dr. Sura state	ow #6-IW	NE 28 TRUCK#	DRIVER	20 TRUCK#	AN
CUSTOMER Tail wate MAILING ADDRESS LEY21 Auc CITY OKlahoma JOB TYPE Long	er Inc s xidale Dr. Sura state	fe 212	TRUCK#	DRIVER		
MAILING ADDRESS LEY21 Auc CITY OKlahoma JOB TYPE Long	xidale Dr. Sui	fe 212	TRUCK#	DRIVER		DDDVes
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CITY Oklahowa JOB TYPE long	STATE	fe 212		Casken	VSatoli	Meeting
OKlahowa JOB TYPE long	STATE		Ceceto	GarMoo	V	
JOB TYPE long		ZIP CODE	548	MikHaa	V	
JOB TYPE Long	LEGUL OK	73116	675	DerMas	1/	
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DISPLACEMENT L		MENT PSI MIX PSI				
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	. sacon meering	Labrished Clico	acian phi xx	or tourped	D-100-47 Pre	mium ag
followed b	y 10 bbls yesh	water, mixed +	pulped 105	7/cz 00/20	107mg	collect
w/ 2/0 gs	st per S/c, cer	neut to surface	, it washed pur	w clean		<u>l/a </u>
LAPPEC BRE	to casing 10	w/ 4.14 bb/s fre	sh water, p	ressured t	a 800 I	
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ACCOUNT	QUANITY or UNITS	DESCRIPTION	N of SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
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5407	/2 minimum		•	·		175.00
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Ravin 3737					SALES TAX ESTIMATED	(4,00
1	1, 40	٨			TOTAL	21,72 0
AUTHORIZTION	Vo Co Report	ocation TITLE_			DATE	- 1 w ₀ O
		unless specifically amend	ind in writing on the	no front - (!! -		



Oil & Gas Well Drilling Water Wells Geo-Loop Installation

Paola, KS 66071

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

WELL LOG

Tailwater, Inc.
Pedrow #4-IW
API #15-003-25,701
February 4 - February 5, 2013

Thickness of Strata	Formation	Total
2	soil & clay	2
4	clay & gravel	6
76	shale	82
27	lime	109
70	shale	179
10	lime	189
6	shale	195
35	lime	230
7	shale	237
22	lime	259
3	shale	262
25	fime	287 base of the Kansas City
171	shale	458
5	lime	463
6	shale	469
6	lime	475 oil show
8	shale	483
12	oil sand	495 green, light bleeding
1	coal	496
6	shale	502
14	oil sand	516 green, light bleeding, wet
9	oil sand	525 green, ok bleeding
1	coal	526
7	shale	533
6	lime	539
15	shale	554
8	lime	562
33	shale	595
7	lime	602
29	shale	631
7	broken sand	638 brown & green, ok bleeding
33	shale	671
1	lime & shells	672
6	oil sand	678 brown, ok bleeding
4	shale	682
3	sand	685 black, no oil show
41	shale	726 TD

Pedrow #6-IW

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Drilled a 9 7/8" hole to 22.3' Drilled a 5 5/8" hole to 726'

Set 22.3' of 7" surface casing cemented with 6 sacks of cement.

Set 715.6' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe and 1 clamp.