Confidentiality Requested: Yes No

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

1136910

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 #:
	Field Name:
New Well Re-Entry Workover	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
GG GSW Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane)	Multiple Stage Cementing Collar Used?
Cathodic Other (Core, Expl., etc.):	If yes, show depth set: Feet
If Workover/Re-entry: Old Well Info as follows:	
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)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
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	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 #:
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		Log Formatio	on (Top), Depth an	d Datum	Sample
Samples Sent to Geolog	gical Survey	Yes No	Nar	ne		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-		lew Used termediate, producti	on, 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 / SQ	UEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and P	ercent Additives	
Protect Casing Plug Back TD							
Plug Off Zone							
Did you perform a hydraulic	fracturing treatment o	n this well?		Yes	No (If No, ski	o questions 2 an	d 3)

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

] No (If No, skip question 3)

No (If No, fill out Page Three of the ACO-1)

Shots Per Foot		PERFORATION Specify For		RD - Bridge F Each Interval		e	A		ement Squeeze Record d of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner Ru	in:	No	
Date of First, Resumed	I Producti	ion, SWD or ENHF	3.	Producing N		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI	ION OF G	AS:			METHOD		TION:		PRODUCTION INT	ERVAL:
Vented Solo	d 🗌 l	Jsed on Lease		Open Hole	Perf.	Uually (Submit )		Commingled (Submit ACO-4)		
(If vented, Su	ıbmit ACO	0-18.)		Other (Specify	)		,	( <i>Submit ACC-4)</i>		

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

May 03, 2013

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

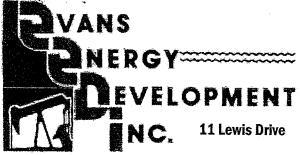
Re: ACO1 API 15-003-25790-00-00 P. Winfrey 7-IW SW/4 Sec.27-20S-20E Anderson County, Kansas

**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



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# **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 #7-IW API #15-003-25,790 March 27 - March 28, 2013

Thickness of Strata	Formation	Total
13	soil & clay	13
4	clay & gravel	17
39	shale	56
29	lime	85
65	shale	150
10	lime	160
5	shale	165
38	lime	203
6	shale	209
23	lime	232
3	shale	235
22	lime	257 base of the Kansas City
172	shale	429
3	lime ·	432
2	shale	434
3	lime	437
4	shale	441
8	lime	449 oil show
9	shale	458
10	broken sand	468 brown & green, light bleeding
1	coal	469
16	shale	485
. 16	oil sand	501 green, good bleeding
1	coal	502
7	shale	509
6 ·	lime	515
15	shale	530
8	lime	538
33	shale	571
7	lime	578
29	shale	607
1	oil sand	608 brown, good bleeding
3	broken sand	611 brown & grey, ok bleeding
2	silty shale	613
4	broken sand	617 brown & green, ok bleeding
33	shale	650
1	lime & shells	651
1	sand	652 black, no oil show

P. Winfrey #7-IW

Page 2

5oil sand5shale3sand42shale

657 brown, ok bleeding 662 665 black, no oil 707 TD s.

Drilled a 9 7/8" hole to 22.4' Drilled a 5 5/8" hole to 707'

Set 22.4' of 7" surface casing cemented with 6 sacks of cement.

Set 696.5' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe and 1 clamp.

May. 3. 20	13 3:11PM				No. 2901	P. 2
					20	870
-	NSOLIDATED	0	4	TICKET NUMB	11	010
		25111	-1.	LOCATION 0		
Sel Su	wan sarrigas, lus		¢., •	FOREMAN	sey Kenned	4
	FIEL	D TICKET & TREA	TMENT REP	ORT		
O Box 884, Cha 20-431-9210 or	nute, KS 66720 FIEL 800-467-8578	CEMEN	IT.			
	OUSTOMER# WELL	NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
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	for me.		TRUCK#	DRIVER	TRUCK#	eethina_
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6421 AU	undelle Dr. Surtre	212	telele	GorMoa	V	
TY	STATE	ZIP CODE	548	Mik Haa	V	
Oklahourd	Citin O.K	73116	370	Keilar	V	"EVE
OB TYPE / AND	thema HOLESIZE S	NOLE DEPT	H 707'	CASING SIZE & W		ElE
ASING DEPTH		TUBING			OTHER	
LURRY WEIGHT		WATER gal	sk	CEMENT LEFT In	1	
ISPLACEMENT_	4. 03 Las. DISPLACEMENT	PSI. MIX PSI		RATE 4.5	lopsin 1	6
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Account			of SERVICES or P	RODUCT		TOTAL
ACCOUNT CODE		DESCRIPTION	of SERVICES or P	RODUCT		1030.00
ACCOUNT CODE 5401	QUANITY or UNITS	DESCRIPTION O	of SERVICES or P	RODUCT		
ACCOUNT CODE SHOI SHOI	QUANITY or UNITS	DESCRIPTION OF PUMP CHARGE		RODUCT		1030.00
ACCOUNT CODE SHOI SHOL SHOL	QUANITY or UNITS	DESCRIPTION	e	RODUCT		1030.00
ACCOUNT CODE SHOI SHOI SHO2 SHO2	QUANITY or UNITS	DESCRIPTION OF PUMP CHARGE MILEAGE Casing too tage too have a second	e	RODUCT		1030,00
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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 for

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