

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1137899

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:	SecTwpS. R 🗌 East 🗌 West
Address 2:	Feet from
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □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: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
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:	Producing Formation: Elevation: Ground: Kelly Bushing: Feet Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No 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 Plug Back Conv. to GSW Conv. to Producer Commingled Permit #: Dual Completion Permit #: SWD Permit #:	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:
☐ ENHR Permit #: ☐ GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	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 Approved by: Date:

Page Two



Operator Name:				Lease N	Name: _			Well #:		
Sec Twp	S. R	East	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ing and shut-in pressu	ires, whe	ther shut-in pre	ssure reac	hed stati	c level, hydrosta	tic pressures, bott			
Final Radioactivity Log files must be submitte						gs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital elec	tronic log
Drill Stem Tests Taken (Attach Additional S		Ye	es No		L		on (Top), Depth an		Samp	
Samples Sent to Geol	ogical Survey	_ Ye	es No		Nam	е		Тор	Datur	n
Cores Taken Electric Log Run		Y€								
List All E. Logs Run:										
				RECORD	☐ Ne					
				conductor, su	rface, inte	ermediate, producti			T	
Purpose of String	Size Hole Drilled		e Casing (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used	Type and P Additiv	
			ADDITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks Used Type and Percent Additives						
Perforate Protect Casing	357 23333									
Plug Back TD Plug Off Zone										
1 ag on zono										
Did you perform a hydrau	ılic fracturing treatment o	n this well?	•			Yes	No (If No, ski	p questions 2 ar	nd 3)	
	otal base fluid of the hydra		J	,	0		_ , ,	p question 3)	(# 100 t)	
Was the hydraulic fractur	ing treatment information	submitted	to the chemical o	disclosure re	gistry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot			D - Bridge Plug Each Interval Perf				cture, Shot, Cement			Depth
	. ,							,		
TUBING RECORD:	Size:	Set At:		Packer At	t:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or ENH	IR.	Producing Meth Flowing	nod:	g 🗌	Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil B	bls.	Gas	Mcf	Wate	er Bl	ols. G	as-Oil Ratio	Gr	ravity
DISDOSITIO	ON OF GAS:			METHOD OF	COMPLE	TION:		PRODUCTIO	ON INTERVAL:	
Vented Sold			Open Hole	Perf.	Dually	Comp. Con	nmingled	THODOUTIC	ZIV IIV I LTIVAL.	
(If vented, Sub			Other (Specify)		(Submit)	ACO-5) (Subi	mit ACO-4)			

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

May 10, 2013

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

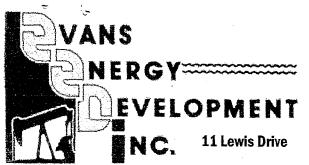
Re: ACO1 API 15-003-25785-00-00 P. Winfrey 2-IW SW/4 Sec.27-20S-20E Anderson County, Kansas

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



Oil & Gas Well Drilling Water Wells Geo-Loop Installation

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Paola, KS 66071

Tailwater, Inc. P. Winfrey #2-IW API #15-003-25,785 March 27 - March 28, 2013

Thickness of Strata	<u>Formation</u>	<u>Total</u>
13	soil & clay	13
4	gravel	17
40	shale	57
29	lime	86
16	shale	102
2	lime	104
16	shale	120
. 2	lime	122
28	shale	150
11	lime	161
5	shale	166
38	lime	204
6	shale	210
22	lime	232
2	shale	234
9	lime	243
3	shale	246
12	lime	258 base of the Kansas City
176	shale	434
2	lime	436
7	shale	443
8	lime	451 oil show
10	shale	461
1 .	broken sand	462 brown & green, light bleeding
2	shale	464
7	broken sand	471 brown & green, light bleeding
1	coal	472
15	shale	487 ·
4	oil sand	491 brown, ok bleeding
4	broken sand	495 brown & grey, good bleeding
2	oil sand	497 brown, good bleeding
4	shale	501
1	coal	502
6	shale	508
7	lime	515
15	shale	530
3	lime	533
19	shale	552
9	lime	561

Ρ.	Winfrey	#2-IW
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Page :	2
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Drilled a 9 7/8" hole to 22.7' Drilled a 5 5/8" hole to 717'

Set 22.7' of 7" surface casing cemented with 6 sacks of cement.

Set 707.2' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe and 1 clamp.

DATE CUSTOMER# WELL NAME & NUMBER 3/3/8/3/7/80de P. Winfrey# 2-TW SW 27 20 20 AV SUSTOMER Taiwater Inc. MALLING ADDRESS (4/2) Accordate Dr. Suite 2/2 Dictationa City DK 73/1/6 HOLE SIZE TRUCK# DRIVER TRUCK# TRUCK# TRUCK# DRIVER TRUCK# TRU	O Box 884, Ch	anute, KS 6672 r 800-467-8676		CEME				COUNTY
STATE PUNCHER TRUCKS DRIVER DRIVER TRUCKS DRIVER TRUCKS DRIVER TRUCKS DRIVER TRUCKS DRIVER DRIVER TRUCKS DRIVER TRUCKS DRIVER TRUCKS DRIVER TRUCKS DRIVER DRIVER TRUCKS DR			WELL	NAME & NUMBER	SECTION	TOWNSHIP	RANGE	
TRUCK# DRIVER TRUCK# DRIVER TRUCK# DRIVER TAILWISED INC. ANILLING ADDRESS (4121 Aucudale Dr. Suite 210 Oldahoma (Au.) Olda			Pluin	for# 2-IW	SW 27			
Mains Address (4) Accorded Dr. Suite 210 Oblahama City OK 73116 Description Hole size Stp. Hole depth 477 casing size a wision 27% EVE Casing depth 407 depth 207		1004		:	TOUCK #	E-6/4 8 . 3 ×		
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Oldshipma Chy Oldshi	6421 A	voudale D	r. Suite	ス(a)		1	./	
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	Revin 3737			•			TOTAL	2843.3

AUTHORIZTION Day was there 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.

TITLE_