

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division 1140487

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 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: ()	□NE □NW □SE □SW				
CONTRACTOR: License #	GPS Location: Lat:, Long:				
Name:	(e.g. xx.xxxxxx) (e.gxxx.xxxxxx)				
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84				
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
New Well Re-Entry Workover	Field Name:				
☐ Oil ☐ WSW ☐ SHOW ☐ 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:	Producing Formation: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: 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	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)				
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name:				
GSW Permit #:	Lease Name:				
Spud Date or Date Reached TD Completion Date or 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 Approved by: Date:					

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Operator Name:				_ Lease l	Name: _			Well #:		
Sec Twp	S. R	East V	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres o surface test, along	sures, whether s with final chart(shut-in pre s). Attach	ssure reac extra shee	hed stati t if more	c level, hydrosta space is neede	itic pressures, bot d.	tom hole temp	erature, flui	d recovery,
Final Radioactivity Lo- files must be submitte						gs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital el	ectronic log
Drill Stem Tests Taker (Attach Additional S		Yes	No				on (Top), Depth ar			mple
Samples Sent to Geo	logical Survey	Yes	☐ No		Nam	e		Тор	Da	tum
Cores Taken Electric Log Run		☐ Yes ☐ Yes	☐ No ☐ No							
List All E. Logs Run:										
			CASING		☐ Ne					
	0: 11-1-	· ·				ermediate, product		// OI	T	d Damasat
Purpose of String	Size Hole Drilled	Size Cas Set (In O		Weig Lbs. /		Setting Depth	Type of Cement	# Sacks Used		d Percent itives
		AD	DITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Ce	ement	# Sacks	Used		Type and F	ercent Additives		
Perforate Protect Casing										
Plug Back TD Plug Off Zone										
Did you perform a hydrau	•					Yes	No (If No, ski	p questions 2 ar	nd 3)	
Does the volume of the to							= :	p question 3)	of the ACO	()
Was the hydraulic fractur	ing treatment information	on submitted to the	e chemicai d	isciosure re	gistry?	Yes	No (If No, fill	out Page Three	or the ACO-1	<i>)</i>
Shots Per Foot		ION RECORD - I Footage of Each I					cture, Shot, Cement mount and Kind of Ma		d	Depth
TUBING RECORD:	Size:	Set At:		Packer A	i:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or Ef	NHR. Prod	ducing Meth	ıod:		1				
			Flowing	Pumpin	g	Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er B	bls. (Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		M	METHOD OF	COMPLE	ETION:		PRODUCTIO	ON INTERVA	
Vented Sold		Open		Perf.	Dually	Comp. Cor	mmingled			
	bmit ACO-18.)		(Specify)		(Submit)	ACO-5) (Sub	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 21, 2013

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

Re: ACO1 API 15-003-25642-00-00 Winfrey 7-T SW/4 Sec.22-20S-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



257053

LOCATION Of Lawa KS

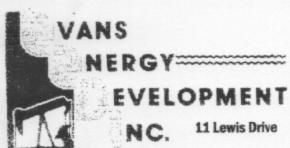
FOREMAN Fred Wadur

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

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	1	NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
2/25/13	7806	Winfre	u #7-	プ	5W 22	20	57	AN
CUSTOMER		0	/ -					- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
MAILING ADDRE	water	duc.	<u> </u>		TRUCK#	DRIVER	TRUCK#	DRIVER
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CITY 642	Huond	STATE	ZIP CODE	1	495	Har Bec	HB.	1.
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JOB TYPE	77	•	57/8		1 <u>860</u>	CASING SIZE & W	EIGHT	
CASING DEPTH_		DRILL PIPE		_TUBING			OTHER	
SLURRY WEIGH		SLURRY VOL		_	k	CEMENT LEFT in		Plu
DISPLACEMENT		CDISPLACEMENT				RATE		<u>d</u>
REMARKS: /	eld a rec	u meets	~ <i>≡s</i> ¥	ablish	pump rat	2. MYKA	Ump 100	* Cal
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ACCOUNT CODE	QUANITY	or UNITS	DE	SCRIPTION of	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
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				 		7.5%	SALES TAX	80
Ravin 3737			<u>.</u>			1-510	ESTIMATED	70 /-
							TOTAL	3105 75
AUTHORIZTION			· · ·	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.



Oil & Gas Well Drilling Water Wells Geo-Loop Installation

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

Paola, KS 66071

WELL LOG Tailwater, Inc. Winfrey #7-T API #15-003-25,642

February 20-February 23, 2013

Thickness of Strata	Formation	Total
3	soil & clay	3
3	clay& gravel	6
85	shale	91
28	lime	119
68	shale	187
10	lime	197
8	shale	205
34	lime	239
5	shale	244
23	lime	267
3	shale	270
21	lime	291 base of the Kansas City
170	shale	461
3	lime	464
15	shale	479
8	lime	487 oil show
7	shale	494
15	oil sand	509 green, good bleeding
5	shale	514
18	oil sand	532 green, good bleeding
3	shale	535
1	coal	536 green, good bleeding
7	shale	543
6	lime	549
15	shale	564
8	lime	572
33	shale	605
7	lime	612
32	shale	644
9	broken sand	653 brown & green, good bleeding
30	shale	683
1	lime & shells	684
2	sand	686 black, no oil show
4	oil sand	690 brown, good bleeding
6	shale	696
3	sand	699 black, no oil show
39	shale	738
2	broken sand	740 brown & grey, no oil show
7	shale	747

Winfrey #7-⊤		Page 2
6	broken sand	753 brown & grey, light oil show
5	silty shale	758
1	broken sand	759 brown & grey, no oil show
6	shale	765
1	oil sand	766 brown, light bleeding
17	broken sand	783 brown & grey, ok bleeding
11	silty shale	794
1	sand	795 black & white, no oil show
21	shale	816
7	sand	823 black & white, no oil show
10	shale	833
7	sand	840 white, no oil show
9	shale	849
8	sand	857 white, no oil show
3	shale	860 TD

Drilled a 9 7/8" hole to 22.2' Drilled a 5 5/8" hole to 860'

Set 22.2' of 7" surface casing cemented with 6 sacks of cement.

Set 849.8' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe and 1 clamp.