



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1142117
OIL & GAS CONSERVATION DIVISION

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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- 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:

Operator: _____

Well Name: _____

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 #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

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:

Operator Name: _____

Lease Name: _____ License #: _____

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 III Approved by: _____ Date: _____



1142117

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, 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 / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(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	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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 Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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 27, 2013

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

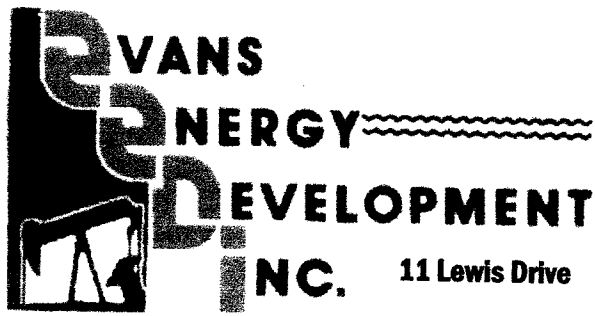
Re: ACO1
API 15-003-25779-00-00
P.Winfrey 4-T
SW/4 Sec.27-20S-20E
Anderson County, Kansas

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



11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Tailwater, Inc.

P. Winfrey #4-T

API #15-003-25,779

March 14 - March 15, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
12	soil & clay	12
4	clay & gravel	16
40	shale	56
28	lime	84
65	shale	149
10	lime	159
5	shale	164
37	lime	201
7	shale	208
24	lime	232
3	shale	235
23	lime	258 base of the Kansas City
172	shale	430
3	lime	433
4	shale	437
3	lime	440
6	shale	446
7	lime	453 oil show
8	shale	453
9	broken sand	470 brown & green, light bleeding
1	shale	471
1	coal	472
3	shale	475
6	oil sand	481 green, light bleeding
12.5	oil sand	493.5 green
9.5	shale	503
1	coal	504
7	shale	511
6	lime	517
15	shale	532
2	lime	534
19	shale	553
10	lime	563
21	shale	584
1	lime	585
24	shale	609
2	broken sand	611 brown & green, minimal bleeding
2	silty shale	613

3	broken sand	616 brown & green, ok bleeding
4	silty shale	620
31	shale	651
1	lime & shale	652
1	sand	653 black, no oil show
6	oil sand	659 brown, ok bleeding
118	shale	777
1	sand	778 white, no oil
2	oil sand	780 brown, good bleeding
2	broken sand	782 brown & white, 90% bleeding
2	oil sand	784 brown, good bleeding
1	sand	785 white, no oil
3	broken sand	788 brown & white, 90% bleeding
1	oil sand	789 brown, good bleeding
71	shale	860 TD

Drilled a 9 7/8" hole to 20'

Drilled a 5 5/8" hole to 860'

Set 20' of 7" surface casing cemented with 6 sacks of cement.

Set 850.1' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe and 1 clamp.

		Core Times			
<u>Minutes</u>	<u>Seconds</u>		<u>Minutes</u>	<u>Seconds</u>	
482	33	779		52	
483	37	780		33	
484	40	781		25	
485	42	782		32	
486	35	783		32	
487	35	784		33	
488	33	785		28	
489	37	786		28	
490	57	787		31	
491	36	788		46	
492	45	789		44	
493	31	790		49	
494	40	791		50	
495	37	792		55	
496	38	793		55	
497	46				
498	50				
499	54				
500	43				
501	50				



CONSOLIDATED
Oil Well Services, LLC

257420

TICKET NUMBER 39550
LOCATION Ottawa, KS
FOREMAN Jim Green

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
03-15-13	7806	# 4-Twin Frey	SW 27	20	20	AN
CUSTOMER <u>Fachwater</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>6421 Avondale Dr SE 212</u>			<u>469</u>	<u>Jim Gie</u>		
CITY STATE ZIP CODE <u>Oklahoma City OK 73116</u>			<u>368</u>	<u>Art McP</u>		
			<u>770</u>	<u>Ket Car</u>		
			<u>503</u>	<u>Dan Det</u>		
JOB TYPE <u>Long string</u>	HOLE SIZE <u>5 7/8"</u>	HOLE DEPTH <u>860'</u>	CASING SIZE & WEIGHT <u>2 7/8"</u>			
CASING DEPTH <u>850'</u>	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			

REMARKS: Held Safety Meeting. Established Circulation, mix and pump 100' Core to Flush hole. Mix and pump 115 sk 50% P07 mix Cement with 2 1/2" Gel. Flush pump clear of cement. Pump 2 1/2" rubber plug to total depth of casing, circulating cement to surface.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030 ⁰⁰
5406	25 miles	MILEAGE		100 ⁰⁰
5402	850'	Casing Footage		N/C
5407	min	Tax Mileage		350 ⁰⁰
5502C	2 HRS	Vac TK		180 ⁰⁰
1124	115 sk	50% P07 Mix Cement		1259 ²⁵
1118B	305	Premium Gel		64 ⁰⁵
4402	1	2 1/2" Rubber Plug		28 ⁰⁵
			SALES TAX	105 ⁴⁰
			ESTIMATED TOTAL	3116 ⁷⁰

Completed

AVIN 3737
AUTHORIZATION [Signature] 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