



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1157198
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: _____



1157198

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)*

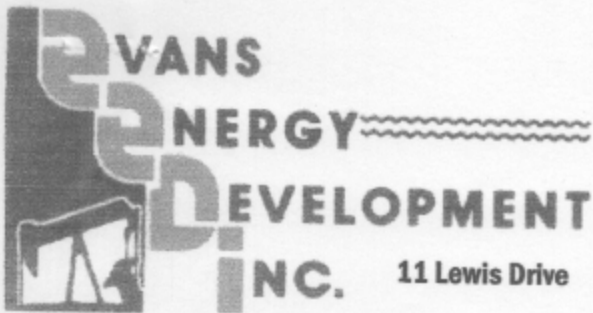
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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EVANS
ENERGY
DEVELOPMENT
INC.

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.

Teter #25T

API #15-003-25,783

August 22 - August 23, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
6	soil & clay	6
137	shale	143
26	lime	169
25	shale	194
3	lime	197
45	shale	242
3	lime	245
3	shale	248
5	lime	253
6	shale	259
34	lime	293
7	shale	300
22	lime	322
4	shale	326
3	lime	329
3	shale	332
9	lime	341 base of the Kansas City
175	shale	516
2	lime	518
5	shale	523
8	lime	531 oil show
10	shale	541
7	broken sand	548 green & brown, good bleeding, hard
6	shale	554
1	broken sand	555 brown & green, ok bleeding
1	coal	556
3	shale	559
3	oil sand	562 brown & green, ok bleeding
1	silty shale	563
19	oil sand	582
1	shale	583
1	coal	584
6	shale	590
7	lime	597
5	shale	602
1	lime	603
10	shale	613
3	lime	616

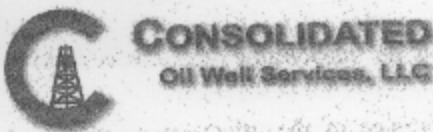
22	shale	638
4	lime	642
53	shale	695
5	silty shale	700 green
33	shale	733
1	lime & shells	734
3	oil sand	737 brown, good bleeding
1	broken sand	738 brown & grey, good bleeding
5	oil sand	743 brown & good bleeding, few thin sand seam
2	broken sand	745 brown & grey sand, ok bleeding
7	silty shale	752
4	grey sand	756 no oil
19	shale	775
37	silty shale	812
22	broken sand	834 brown & grey, no oil
3	silty shale	837
3	sand	840 brown & grey, no oil
32	shale	872
4	green sand	876 no oil
22	shale	898
2	silty shale	900 TD

Drilled a 9 7/8" hole to 22.6'

Drilled a 5 5/8" hole to 900'

Set 22.6' of 7" surface casing threaded and coupled cemented with 6 sacks of cement.

Set 891.5 of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe and 1 clamp.



261699

TICKET NUMBER 42382
 LOCATION Ottawa KS
 FOREMAN Fred Maden

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
8-23-13	7806	Teter 25-7	NE 16	20	20	AN
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Tailwater Inc			712	Fred Mad		
MAILING ADDRESS			495	Har Bec		
6421 Avondale Dr			369	Der Mas		
CITY	STATE	ZIP CODE	510	Set Tuc		
Oklahoma City	OK	73116	JOB TYPE <u>Longstring</u> HOLE SIZE <u>5 7/8</u> HOLE DEPTH <u>900'</u> CASING SIZE & WEIGHT <u>2 7/8 EUE</u>			
CASING DEPTH <u>891'</u>			DRILL PIPE _____ TUBING _____ OTHER _____			
SLURRY WEIGHT _____			SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING <u>2 1/2" Plug</u>			
DISPLACEMENT _____			DISPLACEMENT PSI _____ MIX PSI _____ RATE <u>58PM</u>			

REMARKS: Hold crew safety meeting. Establish pump rate. Mix & Pump 100# Gel flush. Mix & Pump 188 sks 50/50 por mix cement 2% Gel. Cement to surface. Flush pump & lines clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to 200# PSI. Release pressure to set float valve. Shut in casing.

Evans Energy Dev Inc - Mitchell. Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	795	1085 ⁰⁰
5406	25 mi	MILEAGE	495	105 ⁰⁰
5402	891'	Casing footage		N/C
5407	Minimum	Ton Miles	510	368 ⁰⁰
5502C	2 hrs	50 BBL vac Truck	369	181 ⁰⁰
1124	108 sks	50/50 Por Mix Cement		1242 ⁰⁰
1158	282 ⁺	Premium Gel		6204
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			7.65%	SALES TAX
				ESTIMATED TOTAL
				102 ⁰³
				3173 ⁵⁶

completed

Ravin 9737

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 conditions of service on the back of this form are in effect for services identified on this form

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

September 25, 2013

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

Re: ACO1
API 15-003-25783-00-00
Teter 25-T
NE/4 Sec.16-20S-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