



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1197690
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: _____

1197690

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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.

West Whiteside #8-T

API#15-003-26,054

December 6 - December 10, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
34	lime	34
125	shale	159
26	lime	185
12	shale	197
6	lime	203
46	shale	249
10	lime	259
4	shale	263
30	lime	293
11	shale	304
19	lime	323
3	shale	326
23	lime	349 base of the Kansas City
172	shale	521
3	lime	524
5	shale	529
7	lime	536 oil show
8	shale	544
12	broken sand	556 brown & green, light show
5	shale	561
1	coal	562
2	shale	564
7	silty shale	571
11	sand	582 grey no oil
2	shale	584
2	coal	586
4	shale	590
8	lime	598
13	shale	611
4	lime	615
17	shale	632
8	lime	640
33	shale	673
3	lime	676
11	shale	687
2	sand	689 green, no oil show
1	broken sand	690 brown & green good bleeding
3	oil sand	693 brown good bleeding

1.5	limey sand	694.5	brown & white good bleeding
0.5	broken sand	695	brown & green thin oil seams
31	shale	726	
1	lime & shells	727	
4	oil sand	731	brown light bleeding
11	silty shale	742	TD

Drilled a 9 7/8" hole to 22.9'.

Drilled a 5 5/8" hole to 742'.

Set 22.9' of 7" surface casing cemented with 6 sacks of cement

Set 732' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp.

	Core Sample	
	<u>Minutes</u>	<u>Seconds</u>
691	1	33
692	1	30
693	1	6
694	1	42
695		50
696	1	2
697	1	25
698		56
699	1	30
700	1	44



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 264709

Invoice Date: 12/13/2013 Terms: 0/0/30,n/30

Page 1

TAILWATER, INC.
6421 AVONDALE DRIVE, SUITE 212
OKLAHOMA CITY OK 73116
(405)810-0900

W. WHITESIDE 8-T
44938
SW 21-20-20
12-11-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	100.00	11.5000	1150.00
1118B	PREMIUM GEL / BENTONITE	268.00	.2200	58.96
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50
Description		Hours	Unit Price	Total
495	CEMENT PUMP	1.00	1085.00	1085.00
495	EQUIPMENT MILEAGE (ONE WAY)	25.00	4.20	105.00
495	CASING FOOTAGE	732.00	.00	.00
510	MIN. BULK DELIVERY	1.00	368.00	368.00
675	80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

1/13/14

ATE

Parts:	1238.46	Freight:	.00	Tax:	94.75	AR	3071.21
Labor:	.00	Misc:	.00	Total:	3071.21		
Subt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

BARTLESVILLE, OK 918/338-0805 EL DORADO, KS 318/322-7022 EUREKA, KS 620/583-7884 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/886-4914 CUSHING, OK 918/225-2650



CONSOLIDATED
Oil Well Services, LLC

264709

TICKET NUMBER 44938

LOCATION Ottawa KS

FOREMAN Fred Mader

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
12-11-13	7806	W. Whiteside #8-T	SW 21	20	20	AN
CUSTOMER <u>Tailwater Inc</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>16421 Avondale Dr</u>			712	Fred Mader		
CITY <u>Oklahoma City</u>			495	Harbor		
STATE <u>OK</u>			675	Rai Det		
ZIP CODE <u>73116</u>			510			

JOB TYPE loss circulation HOLE SIZE 5 7/8 HOLE DEPTH 742 CASING SIZE & WEIGHT 2 1/8 BUE
 CASING DEPTH 732 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2" Plug
 DISPLACEMENT 4.25 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix & Pump 100# Cul
Flush. Mix & Pump 10B SKS 50/50 Por Mix Cement 270 Cul. Cement
to surface. Flush pump & lines clean. Displace 2 1/2" Rubber
plug to casing TD. Pressure to 800+ PSI. Release pressure
to set float valve. Shut in casing.

Evans Energy Dev. Inc. - Travis

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	108.50
5406	25mi	MILEAGE	495	105.00
5402	732	Casing footage		Nil
5407	Minimum	Por. Miles	570	368.00
55020	2 hrs	80 BBL Vac Truck	675	150.00
1124	100 SKS	50/50 Por Mix Cement		1150.00
1118B	268#	Premium Cul		589.6
4402	1	2 1/2" Rubber Plug		29.50
			7.658	SALES TAX
				ESTIMATED
				TOTAL

SCANNED

AUTHORIZATION _____ TITLE _____ DATE _____
 ESTIMATED TOTAL 3071.21

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.