



KANSAS CORPORATION COMMISSION 1062387  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
June 2009

Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32461  
Name: Tailwater, Inc.  
Address 1: 6421 AVONDALE DR STE 212  
Address 2: \_\_\_\_\_  
City: OKLAHOMA CITY State: OK Zip: 73116 + 6428  
Contact Person: Chris Martin  
Phone: (405) 810-0900  
CONTRACTOR: License # 8509  
Name: Evans Energy Development, Inc.  
Wellsite Geologist: n/a  
Purchaser: Pacer Energy

API No. 15 - 15-003-25031-00-00  
Spot Description: \_\_\_\_\_  
E2\_NW\_SW Sec. 22 Twp. 20 S. R. 20  East  West  
1980 Feet from  North /  South Line of Section  
990 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Anderson  
Lease Name: SOUTH KEMPNICH Well #: 9-IW  
Field Name: \_\_\_\_\_  
Producing Formation: Squirrel  
Elevation: Ground: 965 Kelly Bushing: 0  
Total Depth: 740 Plug Back Total Depth: 0  
Amount of Surface Pipe Set and Cemented at: 21 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: 0  
feet depth to: 21 w/ 6 sx cmt.

Designate Type of Completion:

- New Well  Re-Entry  Workover
- Oil  WSW  SWD  SLOW  
 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  
 Conv. to GSW  
 Plug Back: \_\_\_\_\_ Plug Back Total Depth  
 Commingled Permit #: \_\_\_\_\_  
 Dual Completion Permit #: \_\_\_\_\_  
 SWD Permit #: \_\_\_\_\_  
 ENHR Permit #: \_\_\_\_\_  
 GSW Permit #: \_\_\_\_\_  
05/09/2011 05/10/2011 05/11/2011  
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls  
Dewatering method used: Evaporated  
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

- Letter of Confidentiality Received  
Date: \_\_\_\_\_  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: Deanna Garrison Date: 08/30/2011



1062387

Operator Name: Tailwater, Inc. Lease Name: SOUTH KEMPNICh Well #: 9-IW  
 Sec. 22 Twp. 20 S. R. 20  East  West County: Anderson

**INSTRUCTIONS:** Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<input checked="" type="checkbox"/> Log    Formation (Top), Depth and Datum <input type="checkbox"/> Sample  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Name</td> <td style="width:40%;">Top</td> <td style="width:30%;">Datum</td> </tr> <tr> <td>527</td> <td>broken sand</td> <td>lite oil show</td> </tr> <tr> <td>650</td> <td>broken sand</td> <td>good bleeding</td> </tr> <tr> <td>691</td> <td>broken sand</td> <td>good bleeding</td> </tr> </table>	Name	Top	Datum	527	broken sand	lite oil show	650	broken sand	good bleeding	691	broken sand	good bleeding
Name	Top	Datum											
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CASING RECORD <input checked="" 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
surface	9.8750	7	17	21	Portland	6	
completion	5.6250	2.8750	6.45	729	Portland	109	50/50 POZ

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD	-			
___ Plug Off Zone	-			

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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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**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 31932  
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
5/11/11	7806	So Kampnich #9IW	22	20	20	AW
CUSTOMER Tailwater Inc			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 6421 Avondale Dr			506	Fred	Safety Mtg	
CITY Oklahoma City			495	CASKEN	CIC	
STATE OK			369	HARBEC	NOP	
ZIP CODE 73116			510	TIM WARR	FAW	

JOB TYPE Long string HOLE SIZE 6 HOLE DEPTH 740' CASING SIZE & WEIGHT 2 7/8" EUE  
CASING DEPTH 728' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Plug  
DISPLACEMENT 4.23 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 53 BPM

REMARKS: Establish circulation. Mix Pump 100\* Premium Gel Flush  
Mix Pump 109 sks 50/50 Por Mix Cement 270 Gal. Cement  
to surface. Flush pump + lines clean. Displace 2 1/2" Rubber  
plug to casing TD w/ 4.23 BBL fresh water. Pressure to  
750\* PSI & Hold pressure for 30 min MIT. Release  
pressure to set float valve. Shut in casing.

Evans Energy Dev Inc

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925 <sup>00</sup>
5406	0	MILEAGE Truck on lease		NIC
5402	728'	Casing footage		NIC
5407	1/2 minimum	Ten miles		165 <sup>00</sup>
55025	1 1/2 hrs	50 BBL Vac Truck		135 <sup>00</sup>
1124	109 sks	50/50 Por Mix Cement		1139 <sup>05</sup>
1118B	253*	Premium Gel		56 <sup>60</sup>
4402	1	2 1/2" Rubber Plug		28 <sup>00</sup>
		WO# 241342		
			7.8%	SALES TAX
				ESTIMATED
				TOTAL
				95 <sup>44</sup>
				2549 <sup>09</sup>

Form 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.