



KANSAS CORPORATION COMMISSION 1062373
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

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 #:

05/10/2011 05/11/2011 05/11/2011
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-003-25032-00-00

Spot Description:

N2 SW Sec. 22 Twp. 20 S. R. 20 East West
1980 Feet from North / South Line of Section
1320 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 #: 10-IW

Field Name:

Producing Formation: Squirrel

Elevation: Ground: 970 Kelly Bushing: 0

Total Depth: 740 Plug Back Total Depth: 0

Amount of Surface Pipe Set and Cemented at: 22 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: 22 w/ 6 sx cmt.

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



1062373

Operator Name: Tailwater, Inc. Lease Name: SOUTH KEMPNIH Well #: 10-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:33%;">Name</td> <td style="width:33%;">Top</td> <td style="width:33%;">Datum</td> </tr> <tr> <td>645</td> <td>broken sand</td> <td>good bleeding</td> </tr> <tr> <td>685</td> <td>broken sand</td> <td>good bleeding</td> </tr> </table> | Name | Top | Datum | 645 | broken sand | good bleeding | 685 | broken sand | good bleeding |
| Name | Top | Datum | | | | | | | | |
| 645 | broken sand | good bleeding | | | | | | | | |
| 685 | broken sand | good bleeding | | | | | | | | |

| 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 | 22 | Portland | 6 | |
| completion | 5.6250 | 2.8750 | 6.45 | 730 | Portland | 106 | 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 |
| 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 (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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|---|--|--|



CONSOLIDATED
Oil Well Services, L.L.C.

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

TICKET NUMBER 31933

LOCATION Atchafalaya KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|-------------------|------------|---------------------|---------|----------|---------|--------|
| 5/11/11 | 7806 | Sa Kempnich # 10 IW | 22 | 20 | 20 | AN |
| CUSTOMER | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| Tailwater Inc. | | | 506 | Fred | Safety | Wly |
| MAILING ADDRESS | | | 495 | CASKEN | CR | |
| 6921 Avondale DR. | | | 369 | HARBEC | ADD | |
| CITY | STATE | ZIP CODE | 503 | DERMAS | DM | |
| Oklahoma City | OK | 73116 | | | | |

JOB TYPE Logstring HOLE SIZE 6 HOLE DEPTH 740' CASING SIZE & WEIGHT: 2 3/8 EUE
 CASING DEPTH 734.5 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 4.25 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish circulation. Mix + Pump 100# Premium Gel Flush.
 Mix + Pump 106 SKS 50/50 for Mix Cement 2 1/2 gel.
 Cement to surface. Flush pump + lines clean. Displace
 2 1/2" Rubber Plug to casing TD w/ 4.25 BBL Fresh Water
 Pressure to 800# PSI. Hold pressure for 30 min MIT
 Release pressure to set float valve. Shut in casing

Evans Energy Dev Inc

Fred Mader

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|------------|--------------------|
| 5401 | 1 | PUMP CHARGE | | 975 ⁰⁰ |
| 5406 | 0 | MILEAGE Truck on lease | | N/C |
| 5402 | 734 | Casing Footage | | 320 ⁰⁰ |
| 5407 | Minimum | Ten Miles | | 135 ⁰⁰ |
| 5502C | 1 1/2 hr | 80 BBL Vac Truck | | |
| 1124 | 106 SKS | 50/50 for Mix Cement | | 1107 ²⁰ |
| 1118B | 278 ⁰⁰ | Premium Gel | | 556 ⁰⁰ |
| 4402 | 1 | 2 1/2" Rubber Plug | | 28 ⁰⁰ |
| w/ # 241393 | | | | |
| | | | 7.8% | SALES TAX |
| | | | | ESTIMATED |
| | | | | TOTAL |
| | | | | 9293 |
| | | | | 2724 ²² |

Rev'n 3737

AUTHORIZATION _____ 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