



KANSAS CORPORATION COMMISSION 1062459
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 #:

05/04/2011	05/05/2011	05/09/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25015-00-00
Spot Description:
W2_NW_SW Sec. 22 Twp. 20 S. R. 20 East West
1980 Feet from North / South Line of Section
330 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 #: 7-IW
Field Name:
Producing Formation: Squirrel
Elevation: Ground: 971 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.

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 Garrisor Date: 08/31/2011



1062459

Operator Name: Tailwater, Inc. Lease Name: SOUTH KEMP NICH Well #: 7-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>507</td> <td>broken sand</td> <td>good bleeding</td> </tr> <tr> <td>659</td> <td>broken sand</td> <td>good bleeding, 70% bleeding, 30% silty shale</td> </tr> <tr> <td>699</td> <td>broken sand</td> <td>good bleeding</td> </tr> </table>	Name	Top	Datum	507	broken sand	good bleeding	659	broken sand	good bleeding, 70% bleeding, 30% silty shale	699	broken sand	good bleeding
Name	Top	Datum											
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659	broken sand	good bleeding, 70% bleeding, 30% silty shale											
699	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	21	Portland	6	
completion	5.6250	2.8750	6.45	728	Portland	105	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 Bbbs. Gas Mcf Water Bbbs. 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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 31923
LOCATION Oklahoma 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
5/9/11	7806	So Kempnich #7-TW	SW 22	20	20	AN
CUSTOMER Tailwater Inc			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 6421 Avondale Dr			506 Fred Safety Hwy			
CITY STATE ZIP CODE Oklahoma City OK 73116			495 Casey CIC			
			370 Arlen			
			510 Cecil			
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
Longstring	6'	740	2 7/8" EUE			
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
729'						
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
			2 1/2" Plug			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
4.24 BBL			5 BPM			

REMARKS: Establish circulation. Mix Pump 100* Premium Gel Flush
Mix Pump 105 SKS 50/50 Per Mix Cement 2 7/8 Gel.
Cement to surface. Flush pump & lines clean. Displace
2 1/2" Rubber plug to casing TD w/ 4.24 BBL Fresh water.
Pressure to 300 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 ⁰⁰
5406	30	MILEAGE		120 ⁰⁰
5402	729	Casing Footage		N/C
5407	1/2 Minimum	Tax Miles		165 ⁰⁰
5502	1 1/2 hrs	80 BBL Vac Truck		135 ⁰⁰
1124	105 SKS	50/50 Per Mix Cement		1097 ²⁵
1118B	277#	Prem's + m Gel		55 ⁴⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
		WO # 251278		
			7.6%	SALES TAX
				ESTIMATED
				TOTAL
				92 ⁴⁹
				2667 ⁷⁴

Ravin 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.