

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1065344

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 #	API No. 15 - 15-003-25135-00-00
Name:Tailwater, Inc.	Spot Description:
Address 1: 6421 AVONDALE DR STE 212	SE_NE_SW_SW Sec. 15 Twp. 20 S. R. 20 🗸 East West
Address 2:	4455 Feet from V North / South Line of Section
City: OKLAHOMA CITY State: OK Zip: 73116 + 6428	
Contact Person: Chris Martin	Footages Calculated from Nearest Outside Section Corner:
Phone: (405) 810-0900	□ne ☑nw □se □sw
CONTRACTOR: License #8509	County: Anderson
Name: Evans Energy Development, Inc.	Lease Name: East Wittman Well #: 10-T
Wellsite Geologist: n/a	Field Name: Garnett Shoestring
Purchaser: Pacer Energy	Producing Formation: Squirrel
Designate Type of Completion:	Elevation: Ground: 952 Kelly Bushing: 0
✓ New Well . Re-Entry Workover	Total Depth: 701 Plug Back Total Depth: 0
✓ Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) CM (Coal Bed Methane)	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
Cathodic Other (Core, Expl., etc.):	feet depth to: 22 w/ 4 sx cmt.
If Workover/Re-entry: Old Well Info as follows:	leet depth to:sx cmt.
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	Chloride content: 0 ppm Fluid volume: 0 bbls Dewatering method used: Evaporated
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec TwpS. R
GSW Permit #:	County: Permit #:
08/22/2011 08/23/2011 09/14/2011	
Spud Date or Date Reached TD Completion Date or Recompletion Date	

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 I II Approved by: Deanna Garrison Date: 10/14/2011

Side Two



Operator Name: <u>l al</u>	lwater, Inc.			Lease	Name: _	East vvittman		_ Well #:10)-T	
Sec. 15 Twp.20	s. r. <u>20</u>	_	: West	Count	ty: And	erson				
INSTRUCTIONS: Sh time tool open and clo recovery, and flow rate line Logs surveyed. A	osed, flowing and s es if gas to surface	hut-in press test, along	ures, whether s with final chart	shut-in pre	ssure rea	ched static level,	hydrostatic pres	sures, bottom	hole temp	erature, fluid
Drill Stem Tests Taker (Attach Additional S		Y	es ✓ No		√ L	og Formatio	n (Top), Depth ar	nd Datum		Sample
Samples Sent to Geo	logical Survey	ΠY	′es ✓ No		Nam 494	ne		Top		Datum en, lite oil show
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	_ □	es 🗌 No		616 658			oil sand oil sand oil sand	brov	wn, lite bleeding
List All E. Logs Run:										
Gamma Ray/Neutro	n									
		, Rep		RECORD	✓ No	ew Used ermediate, producti	on, etc.			
Purpose of String	Size Hole Drilled		ze Casing t (In O.D.)		eight . / Ft.	Setting Depth	Type of Cement	# Sacks Used		and Percent dditives
surface	9.8750	7		17		22	Portland	4		
completion	5.6250	2.8750		6.45		692	Portland	91	50/50 F	oz
			ADDITIONAL	LCEMENT	INC / COI	IEEZE DECODO				· · · · · · · · · · · · · · · · · · ·
Purpose: Depth Type of Cement — Perforate Top Bottom Type of Cement			T	# Sacks Used Type and			Percent Additives			
Plug Back TD Plug Off Zone	-			:	· · · · · · · · · · · · · · · · · · ·					
Shots Per Foot			RD - Bridge Plug Each Interval Per				cture, Shot, Cemen		rd	Depth
			de l'estate de la constantina della constantina							
TUBING RECORD:	Size:	Set At:		Packer /	At:	Liner Run:	Yes No	· · · · · · · · · · · · · · · · · · ·	1	
Date of First, Resumed	Production, SWD or E	NHR.	Producing Met	hod:	ng 🔲	Gas Lift 🔲 C	ther (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat	er Bl	ols.	Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		_	METHOD O	F COMPLE	ETION:		PRODUCTI	ON INTERV	AL:
Vented Sold	h		Open Hole	Perf.	Dually (Submit		nmingled nit ACO-4)	· · · · · · · · · · · · · · · · · · ·		
,	•	LJ'	Other (Specify)				1 -			



TICKET HUMBER 32757
LOCATION DET RUG
FOREMAN Alan Made-

FO Box 684, Charage, KS 66720 620-431-9215 or \$60-487-8876

FIELD TICKET & TREATMENT REPORT

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t acknowledge that the payment terms, unless specifically emended in entong on the front of the form or to the customer's account records, of our office, and conditions of service on the back of this form are in effect for services identified on this form.