



KANSAS CORPORATION COMMISSION 1065572  
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 ☐ 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  
☐ Conv. to GSW

☐ Plug Back: Plug Back Total Depth

☐ Commingled Permit #:

☐ Dual Completion Permit #:

☐ SWD Permit #:

☐ ENHR Permit #:

☐ GSW Permit #:

09/14/2011 09/16/2011 09/28/2011  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 15-003-25151-00-00

Spot Description:  
SE NW NW NW Sec. 22 Twp. 20 S. R. 20 ☒ East ☐ West  
495 Feet from ☒ North / ☐ South Line of Section  
495 Feet from ☐ East / ☒ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☒ NW ☐ SE ☐ SW

County: Anderson

Lease Name: Kempnich Well #: 38-T

Field Name: Garnett Shoestring

Producing Formation: Squirrel

Elevation: Ground: 985 Kelly Bushing: 0

Total Depth: 739 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/ 4 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: 10/19/2011



1065572

Operator Name: Tailwater, Inc. Lease Name: Kempnich Well #: 38-T  
 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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	305	lime	base of the KC
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	492	lime	oil show
Electric Log Submitted Electronically (If no, Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	528	oil sand	green, good bleeding
		650	broken sand	green sand, grey shale,
List All E. Logs Run:		690	oil sand	brown, OK bleeding
Gamma Ray/Neutron				

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	4	
completion	5.6250	2.8750	6.45	729	Portland	118	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 (Amount and Kind of Material Used)	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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
**Oil Well Services, LLC**

TICKET NUMBER 32866  
LOCATION Off Highway 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	
9/16/11		7806		No. Kampnich 38-T		NW 22		20		20		AD	
CUSTOMER Tailwater Inc.													
MAILING ADDRESS 6421 Avondale Dr.													
CITY		STATE		ZIP CODE		TRUCK #		DRIVER		TRUCK #		DRIVER	
Oklahoma City		OK		73116		506		FREMAD		506		MAY	
						368		KENHAM		368			
						505/T106		ARLWCD		505/T106			
						548		GARMOD		548			
JOB TYPE		HOLE SIZE		HOLE DEPTH		CASING SIZE & WEIGHT							
Long String		5 1/8		739									
CASING DEPTH		DRILL PIPE		TUBING		OTHER							
729													
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING							
DISPLACEMENT		DISPLACEMENT PSI		MIX PSI		RATE							
4.29 BBL						4 BPM							
REMARKS: Establish pump rate. Mix & Pump 100# Premium Gel Flush													
Mix & Pump 118 s/l's 50/50 per Mix Cement 2% Gel. Cement to													
surface. Flush pump & lines clean. Displace 2 1/2" Rubber													
plug to casing TD w/ 4.29 BBL Fresh water. Pressure to													
700# PSI. Release pressure to set float valve. Shut in casing.													

Evan Energy Dev. Inc. (Tren. S)

Fred Madis

[illegible]

Revln 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.**