



KANSAS CORPORATION COMMISSION 1066292
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: Tallwater, 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 #: _____

<u>09/22/2011</u>	<u>09/23/2011</u>	<u>10/07/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25157-00-00
Spot Description: _____
NW NE SE NW Sec. 22 Twp. 20 S. R. 20 East West
1485 Feet from North / South Line of Section
2265 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Anderson
Lease Name: Kernpich Well #: 44-T
Field Name: Garnett Shoestring
Producing Formation: Squirrel Sandstone
Elevation: Ground: 952 Kelly Bushing: 0
Total Depth: 736 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 cmf.

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	
<input type="checkbox"/> Letter of Confidentiality Received	Date: _____
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanna Gantzer</u> Date: <u>10/31/2011</u>



1066292

Operator Name: Tailwater, Inc. Lease Name: Kempnich Well #: 44-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 <i>(Attach Additional Sheets)</i>	<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	459	lime	oil show
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	476	sand	green, oil show
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	496	sand	green, like bleeding
List All E. Logs Run:		503	oil sand	green, good bleeding
Gamma Ray/Neutron		626	oil sand	brown, good bleeding
		712	oil sand	brown, like oil show

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	726	Portland	112	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: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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> <input type="checkbox"/> Other (Specify) _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32875

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
9/29/11	7806	No Pump with #44T	No 22	20	20	AN
CUSTOMER <u>Tailwater Lac.</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>6421 Avondale Dr</u>			<u>506</u>	<u>FREMAD</u>	<u>Safety</u>	<u>Mly</u>
CITY	STATE	ZIP CODE	<u>495</u>	<u>HARBE</u>	<u>MFB</u>	
<u>Oklahoma City</u>	<u>OK</u>	<u>73116</u>	<u>308</u>	<u>DERMAS</u>	<u>pm</u>	
JOB TYPE <u>Longstring</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>236</u>	<u>510</u>	<u>REIDET</u>	<u>KM</u>	
CASING DEPTH <u>226</u>	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT In CASING <u>2 1/2" Plug</u>			
DISPLACEMENT <u>4.32</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>5 BPM</u>			
REMARKS: <u>Establish pump rate. Mix & Pump 100# Premium Gel Flush.</u>						
<u>Mix Pump 50/50 Por Mix Cement 2% Gel. Cement to</u>						
<u>Surface Flush pump & lines clean. Displace 2 1/2" Rubber Plug</u>						
<u>to casing TD w/ 4.32 BBL Fresh Water. Pressure to 500# PSI.</u>						
<u>Release pressure to BHT float valve. Shut in casing.</u>						
<u>Evans Energy Dev Inc (Tm)</u>			<u>Fred Maden</u>			

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	975 ⁰⁰
5406	-0-	MILEAGE Truck on lease		N/C
5402	726	Casing Footage		N/C
5407	1/2 Minimum	Ton Miles	570	165 ⁰⁰
55025	1 1/2 hrs	50 BBL Vac Truck	369	135 ⁰⁰
1124	112 SKS	50/50 Por Mix Cement		1170 ⁴⁰
118B	288 [#]	Premium Gel		57 ⁰⁰
4402	1	2 1/2" Rubber plug		28 ⁰⁰
			7.5%	SALES TAX
				ESTIMATED
				TOTAL
				97 ²⁵
				2628 ⁹⁵

Revin 8737

AUTHORIZATION Hh 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.