



KANSAS CORPORATION COMMISSION 1066215
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 #: _____

<u>09/09/2011</u>	<u>09/12/2011</u>	<u>09/28/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25150-00-00
Spot Description: _____
SW NW NW NW Sec. 22 Twp. 20 S. R. 20 East West
495 Feet from North / South Line of Section
165 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Anderson
Lease Name: Kempnich Well #: 37-T
Field Name: Garnett Shoestring
Producing Formation: Squirrel Sandstone
Elevation: Ground: 984 Kelly Bushing: 0
Total Depth: 764 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 Gantner Date: 10/31/2011



1066215

Operator Name: Tailwater, Inc. Lease Name: Kempnich Well #: 37-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 <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray/ Neutron	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">Name</th> <th style="width:30%;">Top</th> <th style="width:30%;">Datum</th> </tr> </thead> <tbody> <tr> <td>310</td> <td>lime</td> <td>base of the KC</td> </tr> <tr> <td>504</td> <td>lime</td> <td>oil show</td> </tr> <tr> <td>535</td> <td>oil sand</td> <td>green, good bleeding</td> </tr> <tr> <td>543</td> <td>oil sand</td> <td>green, good bleeding</td> </tr> <tr> <td>700</td> <td>oil sand</td> <td>brown, good bleeding</td> </tr> <tr> <td>764</td> <td>broken sand</td> <td>brown & Grey sand, no</td> </tr> </tbody> </table>	Name	Top	Datum	310	lime	base of the KC	504	lime	oil show	535	oil sand	green, good bleeding	543	oil sand	green, good bleeding	700	oil sand	brown, good bleeding	764	broken sand	brown & Grey sand, no
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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	764	Portland	116	50/50 POZ

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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 <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

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8678

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 32859

LOCATION Ottawa KS

FOREMAN Fred Maden

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
9/14/11	7806	No. Kempnich 37-T		NW 22	20	20	AN
CUSTOMER		MAILING ADDRESS					
Tailwater Inc.		6421 Avondale Dr.					
CITY		STATE	ZIP CODE	TRUCK #			
Oklahoma City		OK	73116	506	DRIVER		
JOB TYPE		HOLE SIZE	HOLE DEPTH	495	FREEMAD		
Long string		5 7/8	369	506	CASIKEN		
CASING DEPTH		DRILL PIPE	TUBING	548	HARBEL		
756'					KEIDET		
SLURRY WEIGHT		SLURRY VOL	WATER gal/sk	CASING SIZE & WEIGHT			
				2 3/4" EUE			
DISPLACEMENT		DISPLACEMENT PSI	MIX PSI	CEMENT LEFT IN CASING			
4.4 BBL				2 3/4" Plug			
REMARKS:		RATE					
Establish pump rate. Mix + pump 100 # Premium Gel Flush.		5BPM					
Mix + pump 116 sks 50/50 Poi mix Cement 2 3/4" Gel.							
Compost to surface. Flush pump + lines clean. Displace							
2 3/4" rubber plug to casing TD w/ 4.4 BBLs Fresh water.							
Pressure to 800 PSI. Release pressure to set float							
value. Shut in casing.							

Evans Energy Dev Inc. (Travis)

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	25	MILEAGE	495	975 ⁰⁰
5402	756	Casing footage	495	100 ⁰⁰
5407A	1744.6	Ten Miles		N/C
5502C	1 1/2 hrs	80 BBL Vac Truck	548	220 ⁰⁰
			369	135 ⁰⁰
1124	116 sks	50/50 Poi Mix Cement		1212 ³⁰
1118B	295 ⁰⁰	Premium Gel Flush		59 ⁰⁰
4402	1	2 3/4" Rubber Plug		28 ⁰⁰
				7.5%
SALES TAX ESTIMATED				101 ³³
TOTAL				2830 ⁵³

244259

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.

Rev'n 8737