

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1074449

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 #: _____

11/03/2011

11/04/2011

11/04/2011

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API No. 15 - 15-003-25161-00-00

Spot Description: _____

_____ E2 NE SW Sec. 22 Twp. 20 S. R. 20 East West

3300 Feet from North / South Line of Section

2310 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 #: 25-IW

Field Name: _____

Producing Formation: Squirrel

Elevation: Ground: 962 Kelly Bushing: 0

Total Depth: 739 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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: 24 w/ 5 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: 02/22/2012



1074449

Operator Name: Tailwater, Inc.

Lease Name: South Kempnich

Well #: 25-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 Wireline 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 Attached	Top Attached	Datum Attached
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 (If no, Submit Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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	24	Portland	5	
completion	5.6250	2.8750	6.45	729	Portland	98	50/50 POZ

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: — Perforate — Protect Casing — Plug Back TD — Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

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 checked="" type="checkbox"/> No
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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. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Tailwater, Inc.
Well Name	South Kempnich 25-IW
Doc ID	1074449

Tops

Name	Top	Datum
271	lime	base of the KC
463	lime	oil show
509	oil sand	green, ok bleeding
627	broken oil sand	brown & green sand, 50% oil sand, ok bleeding
667	oil sand	brown, good bleeding
676	sand	black, oil show
713	broken sand	brown & green sand, 5% sand, lite oil show
723	sand	grey, no oil



CONSOLIDATED OIL WELL SERVICES, LLC

**PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676**

**FIELD TICKET & TREATMENT REPORT
CEMENT**

TICKET NUMBER 33062
LOCATION Off 4aws
FOREMAN Alan Mada

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11.4.11	7806	5 Kemprich 25 in	SW 22	20	20	20
CUSTOMER Tai water						
MAILING ADDRESS 6421 Avondale						
CITY Oklahoma City	STATE OK	ZIP CODE 73116				
JOB TYPE long strings		HOLE SIZE 5 3/8	HOLE DEPTH 739	CASING SIZE & WEIGHT 2 7/8		
CASING DEPTH 729		DRILL PIPE	TUBING	OTHER		
SLURRY WEIGHT 4 1/4		SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING yes		
DISPLACEMENT 4 1/4		DISPLACEMENT PSI 800	MIX PSI 200	RATE 5 bpm		
REMARKS: Held crew meet. Established rates. Mixed & pumped 100 ft gel to flush hole followed by 98 sk 50/50 pump plus 2% gel. Circulated cement. Flushed pump. Pumped plus to casing TD. Well held 800 psi for 30 minutes MIT. Set float. Closed valve.						

Evans Energy, Inc.

Alan Madsen

Ravin 3737

AUTHORIZATION

1421

TITLE

DATE

81.12

**ESTIMATED
TOTAL**

2476.29

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.