

KANSAS CORPORATION COMMISSION 1074449
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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: 24 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

Operator Name: Tailwater, Inc. Lease Name: South Kempnich Well #: 25-IW
Sec. 22 Twp. 20 S. R. 20 ☒ East ☐ West County: Anderson

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:	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	Bb/s.	Gas	Mcf	Water	Bb/s.	Gas-Oil Ratio
							Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other (Specify) _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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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

TICKET NUMBER 33062
LOCATION off 2 ams
FOREMAN Alan Mada

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
11.4.11	7806	SKempnich 25In	SW 22	20	20	AN

CUSTOMER		TRUCK #		DRIVER	
Tail Water		516	Alan M	Safety	Meet
MAILING ADDRESS		368	Arlean M		
6421 Avondale		369	Derek M	D M	
CITY	STATE	ZIP CODE			
Oklahoma City	OK	73116	548	Keith D	KD

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 739 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 729 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ 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 rate. Mixed & pumped 100# gel to flush hole followed by 98 sk 50/50 per plus 2% gel. Circulated cement. Flushed pump. Pumped plug to casing T.D. well held 800 PSI for 30 minutes MIT. Set heat. Closed valve.

Evans Energy, Travis

Alan Mada

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	-	MILEAGE		-
5402	729	casing footage		-
5407	min	ton miles		330.00
5502C	2	80 vac		180.00
1124	58 sk	50/50 per		1024.10
1118B	265 #	gel		53.00
W402	1	2 1/2 plug		28.00
245607				
SALES TAX				86.19
ESTIMATED TOTAL				2476.29

Rev'n 3737

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.