



KANSAS CORPORATION COMMISSION 1074502
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>09/13/2011</u>	<u>09/14/2011</u>	<u>09/14/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25147-00-00
Spot Description: _____
NW SE NW NW Sec. 22 Twp. 20 S. R. 20 East West
825 Feet from North / South Line of Section
825 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Anderson
Lease Name: Kempnich Well #: 33-T
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 977 Kelly Bushing: 0
Total Depth: 741 Plug Back Total Depth: _____
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: 731
feet depth to: 0 w/ 116 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 Gammor Date: 02/22/2012



1074502

Operator Name: Tailwater, Inc. Lease Name: Kempnich Well #: 33-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 Name Top Datum Attached Attached Attached
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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	731	Portland	116	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
2	639-47'	Acid spot: 15% HCl acid 100 gal.	
		155 bbls water, 40 sx sand	

TUBING RECORD: Size: <u>2.8750</u> Set At: <u>731</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>09/29/2011</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. <u>10</u>	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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Form	ACO1 - Well Completion
Operator	Tailwater, Inc.
Well Name	Kempnich 33-T
Doc ID	1074502

Tops

293	lime	base of the KC
488	lime	oil show
500	sand	llite green, oil show
527	oil sand	green, good bleeding
532	shale	green, good bleeding
639	limey sand	green sand, brown lime, lite oil odor
643	broken sand	green sand, lite oil show
685	oil sand	brown, good bleeding
722	oil sand	brown, oil odor
728	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 32861
LOCATION Ottawa KS
FOREMAN Fred Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/14/11	7806	No. Kamponich # 33-T	NW 22	20	20	AN
CUSTOMER <u>Tailwater Inc</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>6421 Avondale DR</u>			<u>506 FREMAD Safety May</u>			
CITY STATE ZIP CODE			<u>495 CASKEN CIC</u>			
<u>Oklahoma City OK 73116</u>			<u>369 HARBEK STB</u>			
JOB TYPE <u>Longstring</u> HOLE SIZE <u>5-7/8</u> HOLE DEPTH <u>741'</u> CASING SIZE & WEIGHT <u>2 7/8 EUE</u>			<u>503 GARMAD Gm</u>			
CASING DEPTH <u>731'</u> DRILL PIPE TUBING OTHER			CEMENT LEFT IN CASING <u>2 1/2 Plg</u>			
SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT RATE <u>5 BPM</u>			DISPLACEMENT <u>4.25 BBL</u> DISPLACEMENT PSI MIX PSI			
REMARKS: <u>Establish pump rate. Mix + Pump 100# Premium Gel Flush</u>						
<u>Mix + Pump 116 sks 50/50 Por Mix Cement 2 7/8 Gal. Cement</u>						
<u>to surface. Flush pump + lines clean. Displace 2 1/2" Rubber</u>						
<u>plug to casing TD w/ 4.25 BBL fresh water. Pressure</u>						
<u>to 800* PSI. Release pressure to set float valve.</u>						
<u>Shut in casing.</u>						
Evans Energy Dev. Inc.			Fred Maden			

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	975 ⁰⁰
5406	-0-	MILEAGE	495	NIC
5402	731	Casing footage		NIC
5407A	174.6	Ton Miles		220 ⁰⁰
5502C	12 hrs	80 BBL Vac Truck		135 ⁰⁰
1124	116 sks	50/50 Por Mix Cement		1212 ²⁰
1118B	295	Premium Gel		59 ⁰⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7.8%	SALES TAX 101 ³³
				ESTIMATED TOTAL 2730 ⁵³

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.