



KANSAS CORPORATION COMMISSION 1074518
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>11/16/2011</u>	<u>11/17/2011</u>	<u>11/18/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25048-00-00

Spot Description: _____
NE NW SW SE Sec. 13 Twp. 20 S. R. 20 East West
1262 Feet from North / South Line of Section
2140 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Anderson

Lease Name: EAST HASTERT Well #: 21-EIW

Field Name: _____

Producing Formation: Bartlesville

Elevation: Ground: 993 Kelly Bushing: 0

Total Depth: 796 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 43 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 786

feet depth to: 0 w/ 113 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 Gerber Date: 02/22/2012



1074518

Operator Name: Tailwater, Inc. Lease Name: EAST HASTERT Well #: 21-EIW
 Sec. 13 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<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	43	Portland	8	
completion	5.6250	2.8750	6.45	786	Portland	113	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: <u>2.8750</u> Set At: <u>786</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" 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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Tailwater, Inc.
Well Name	EAST HASTERT 21-EIW
Doc ID	1074518

Tops

273	lime	base of the KC
463	lime	oil show
479	sand	oil show
497	sand	green & grey sand, no oil
683	sand	black, oil show
725	sand	green, no oil
728	broken sand	brown & grey sand, lite bleeding
731	oil sand	brown, good bleeding
734	sand	grey, no oil
742	oil sand	black, good bleeding



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 33109
LOCATION Oklahoma 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
11/18/11	7806	E Hestert. # 21 GIW		20	20	AN
CUSTOMER <u>Tadwater Inc.</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>6421 Avondale DR</u>			<u>506</u>	<u>FREMAN</u>	<u>Safety</u>	<u>Wdy</u>
CITY STATE ZIP CODE <u>Oklahoma City OK 73116</u>			<u>495</u>	<u>HARBEC</u>	<u>NW</u>	<u>7</u>
			<u>369</u>	<u>DERMAS</u>	<u>DM</u>	
			<u>510</u>	<u>KEICAR</u>	<u>KC</u>	
JOB TYPE <u>Long string</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>796'</u>	CASING SIZE & WEIGHT <u>2 3/8" EOE</u>			
CASING DEPTH <u>786'</u>	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT In CASING <u>2 1/2" Plug</u>			
DISPLACEMENT <u>4.57</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>5 BPM</u>			

REMARKS: Establish pump rate. Mix Pump 100# Premium Gel Flush.
Mix + Pump 113 sks 50/50 Por Mix Cement 2 3/8" Casing
to surface. Flush pump + lines clean. Displace 2 1/2" Rubber
plug to casing TO w/ 4.57 BBLs Fresh water. Pressure to
-880# PSI. Hold pressure for 30 min MIT. Release pressure
to set float valve. Shut in casing.

Evans Energy Dev. Inc. (Travis)

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
3401	1	PUMP CHARGE	495	975 ⁰⁰
5406	2.5 mi	MILEAGE	495	100 ⁰⁰
5402	786	Casing footage		N/C
5407	1/2 Minimum	100 Miles	570	165 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck	369	180 ⁰⁹
1124	113 sks	50/50 Por Mix Cement		1180 ⁰⁵
1118B	290#	Premium Gel		58 ⁰⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7.8%	SALES TAX
				ESTIMATED TOTAL
				2785 ⁶⁶

246015

Rev'n 3787

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.