



KANSAS CORPORATION COMMISSION 1074445
OIL & GAS CONSERVATION DIVISION

Form AGO-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 SLOW
 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>10/27/2011</u>	<u>10/28/2011</u>	<u>10/28/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25037-00-00

Spot Description: _____
S2 NW SW Sec. 22 Twp. 20 S. R. 20 East West
1650 Feet from North / South Line of Section
660 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Anderson

Lease Name: SOUTH KEMPNIICH Well #: 14-IW

Field Name: _____

Producing Formation: Squirrel

Elevation: Ground: 968 Kelly Bushing: 0

Total Depth: 732 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: 0
feet depth to: 22 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 Gantor Date: 02/22/2012



1074445

Operator Name: Tailwater, Inc. Lease Name: SOUTH KEMPNICh Well #: 14-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 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	22	Portland	5	
completion	5.6250	2.8750	6.45	723	Portland	88	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: Set At: Packer At: Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. Producing Method:
 Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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	SOUTH KEMPNIH 14-IW
Doc ID	1074445

Tops

300	lime	base of the KC
494	lime	oil show
511	sand	green, lite oil show
536	oil sand	green, good bleeding
652	sand	grey, no oil
653	broken sand	green & brown sand, ok bleeding
655	oil sand	brown, good bleeding
657	broken sand	brown & green sand, good bleeding
696	oil sand	brown, good bleeding
707	sand	black, oil show
728	broken sand	green & brown sand, lite oil show



CONSOLIDATED
Oil Well Services, L.L.C.

TICKET NUMBER 33032

LOCATION Ottawa

FOREMAN Alan Mader

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-28-11	7806	S Kempnich 14-JW	SW 22	2D	2D	AN
CUSTOMER <u>Tai Water</u>			TRUCK #			
MAILING ADDRESS <u>6421 Avondale Ste 212</u>			DRIVER			
CITY <u>OKlahoma City</u>		STATE <u>OK</u>	ZIP CODE		TRUCK #	
JOB TYPE <u>long string</u>		HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>732</u>		CASING SIZE & WEIGHT	
CASING DEPTH <u>722</u>		DRILL PIPE	TUBING		OTHER	
SLURRY WEIGHT		SLURRY VOL	WATER gal/sk		CEMENT LEFT in CASING <u>yes</u>	
DISPLACEMENT		DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>		RATE <u>5.60-n</u>	
REMARKS: <u>Held crew meet. Established rate. Mixed & pumped 100# gel to flush well followed by 88 sk 50 150 ppz plus 2% gel. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI for 30 min M.I.T. Set meet closed valve.</u>						

Frans Energy, Travl's

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE		975.00	
5406	25	MILEAGE		100.00	
5402	722	casing footage			
5407	mi	for miles		330.00	
5502C	2	80 val		180.00	
1124	88	50 150 ppz		919.60	
11183	265	gel		53.00	
4402	1	2 1/2 plug		28.00	
				SALES TAX	78.04
				ESTIMATED TOTAL	2663.64

245531

Revin 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.