



KANSAS CORPORATION COMMISSION 1075300
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>11/17/2011</u>	<u>11/18/2011</u>	<u>11/18/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25047-00-00

Spot Description: _____
NW NW NE SE Sec. 13 Twp. 20 S. R. 20 East West
2448 Feet from North / South Line of Section
1250 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 #: 20-EIW

Field Name: _____

Producing Formation: Bartlesville Sandstone

Elevation: Ground: 981 Kelly Bushing: 0

Total Depth: 800 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: 791

feet depth to: 0 w/ 114 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: 02/28/2012



1075300

Operator Name: Tailwater, Inc. Lease Name: EAST HASTERT Well #: 20-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 <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Name</td> <td style="width:25%;">Top</td> <td style="width:25%;">Datum</td> </tr> <tr> <td>270</td> <td>lime</td> <td>base of the KC</td> </tr> <tr> <td>477</td> <td>sand</td> <td>green, lite odor, no blec</td> </tr> <tr> <td>488</td> <td>sand</td> <td>green, lite oil show</td> </tr> <tr> <td>729</td> <td>broken oil sanc</td> <td>lite oil show</td> </tr> <tr> <td>740</td> <td>oil sand</td> <td>good bleeding</td> </tr> </table>	Name	Top	Datum	270	lime	base of the KC	477	sand	green, lite odor, no blec	488	sand	green, lite oil show	729	broken oil sanc	lite oil show	740	oil sand	good bleeding
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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	791	Portland	114	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>791</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 <i>(Explain)</i> _____	
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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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 33110
LOCATION Ottawa KS
FOREMAN Fred Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/18/11	7806	E Haster + 20 EIW	SE 13	20	20	AN
CUSTOMER Tailwater Inc.			TRUCK #			
MAILING ADDRESS 6421 Avondale DR.			DRIVER		TRUCK #	
CITY Oklahoma City			DRIVER		TRUCK #	
STATE OK			DRIVER		TRUCK #	
ZIP CODE 73114			DRIVER		TRUCK #	
JOB TYPE <u>long string</u>			DRIVER		TRUCK #	
HOLE SIZE <u>5 7/8</u>			DRIVER		TRUCK #	
HOLE DEPTH <u>600</u>			DRIVER		TRUCK #	
CASING SIZE & WEIGHT <u>2 7/8 EVE</u>			DRIVER		TRUCK #	
CASING DEPTH <u>790</u>			DRIVER		TRUCK #	
SLURRY WEIGHT			DRIVER		TRUCK #	
SLURRY VOL			DRIVER		TRUCK #	
WATER gal/sk			DRIVER		TRUCK #	
DISPLACEMENT <u>4.6 BBL</u>			DRIVER		TRUCK #	
DISPLACEMENT PSI			DRIVER		TRUCK #	
MIX PSI			DRIVER		TRUCK #	
RATE <u>5 BPM</u>			DRIVER		TRUCK #	

REMARKS: Establish pump rate - Mix Pump 100[#] Premium Gel Flush.
Mix Pump 114 sks 50/50 Por Mix Cement 2% Gel - Cement to
surface. Flush pump & lines clean. Displace 2 1/2" Rubber Plug
to casing to w/ 4.6 BBL Fresh water. Pressure to 850[#] PSI
Hold pressure for 30 min. MIT. Release pressure to set
float valve. Shut in casing.

Evans Energy Dev. Inc. (Mitchell) *Fred Maden*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	975 ⁰⁰
5406	0	MILEAGE Truck on lease		N/C
5402	791'	Casing footage		N/C
5407	1/2 Minimum	ten Miles	516	165 ⁰⁰
5502C	2 hrs	60 BBL Vac Truck	369	180 ⁰⁰
1124	114 sks	50/50 Por Mix Cement		1191 ³⁰
1118B	292*	Premium Gel		5840
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7.8%	SALES TAX
				ESTIMATED TOTAL
				2697.36

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.