

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1079840

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 #	API No. 15 - 15-003-25388-00-00
Name: Tailwater, Inc.	Spot Description:
Address 1: 6421 AVONDALE DR STE 212	SE_SW_SW_NW_Sec. 15 Twp. 20 S. R. 20 ▼ East West
Address 2:	2475 Feet from North / South Line of Section
City: OKLAHOMA CITY State: OK Zip: 73116 + 6428	495 Feet from East / West Line of Section
Contact Person: Chris Martin	Footages Calculated from Nearest Outside Section Corner:
Phone: (405) 810-0900	□ NE ☑ NW □ SE □ SW
CONTRACTOR: License # 8509	County: Anderson
Name: Evans Energy Development, Inc.	Lease Name: SOBBA Well #: 2-T
Wellsite Geologist: n/a	Field Name: Garnett Shoestring
Purchaser: Pacer Energy	Producing Formation: Squirrel
Designate Type of Completion:	Elevation: Ground: 968 Kelly Bushing: 0
New Well Re-Entry Workover	Total Depth: 768 Plug Back Total Depth: 0
☑ oil ☐ wsw ☐ swd ☐ slow	Amount of Surface Pipe Set and Cemented at: 22 Feet
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Multiple Stage Cementing Collar Used? Yes V No
☐ OG ☐ GSW ☐ Temp. Abd.	If yes, show depth set:Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from: 758
Cathodic Other (Core, Expl., etc.):	feet depth to: 0 w/ 106 sx cmt.
f Workover/Re-entry: Old Well Info as follows:	SX CITE.
Operator:	
Nell Name:	Drilling Fluid Management Plan (Date must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Chloride content: 0 ppm Fluid volume: 0 bbls
Conv. to GSW	Dewatering method used: Evaporated
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	'
Dual Completion Permit #:	Operator Name:
SWD Permit #:	Lease Name: License #:
ENHR Permit #:	QuarterSecTwpS. R East West
GSW Permit #:	County: Permit #:
03/02/2012 03/05/2012 04/17/2012	
pud Date or Date Reached TD Completion Date or Recompletion Date	

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 Garrisor Date: 04/30/2012

Side Two



Operator Name: _lailwater, Inc. Sec. 15			Lease N	lame: SOBBA		Well #:2-T		
				County: Anderson				
recovery, and flow ra	noscu, nowing and sin	est, along with final c	ner snur-in bress	etail all cores. Report a sure reached static leve xtra sheet if more spac	al budroctotic are			
Drill Stem Tests Taken (Attach Additional Sheets)		☐ Yes 🕡 N	'es ☑ No ☑ Log Formation (Top), Dept			th and Datum		
Samples Sent to Geological Survey		☐ Yes 🗸 N	0	Name 513		Тор	Datum	
Cores Taken Electric Log Run		✓ Yes □ N	Yes ☑ No 543 Yes ☑ No		grey sand broken sa oil sand		none none none	
ist All E. Logs Run:								
Gamma Ray/Neutr	on							
		Report all strings	ING RECORD set-conductor, surf	✓ New Used face, intermediate, produc	tion, etc.			
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weigh Lbs. / F		Type of Cement	# Sacks Used	Type and Percent Additives	
surface	9.8750	7	17	22	Portland	6		
completion	5.6250	2.8750	6.45	758	Portland	106	60/60 POZ	
		ADDITIO	NAL CEMENTING	3 / SQUEEZE RECORD				
Purpose: Perforate Protect Casing Plug Back TD	Depth Top Bottom	Type of Cement	# Sacks U		Type and Percent Additives			
Plug Off Zone	-						-	
Shots Per Foot	PERFORATION Specify F	ON RECORD - Bridge cootage of Each Interval	Plugs Set/Type Perforated	Acid, Fra	cture, Shot, Cemer	nt Squeeze Recon	d Depth	
2 682-692				75 gal 15%	75 gal 15% HCL acid 6			
	·		40 sx sand;	40 sx sand; 145 bbls H2O				
TUBING RECORD:	Size:	Sot At:		,				
2	.8750	Set At: 758	Packer At:	Liner Run:	Yes 📝 No	,		
Oate of First, Resumed 04/17/2012	Production, SWD or ENH	IR. Producing N	_	Gas Lift C	ther (Explain)			
Estimated Production Per 24 Hours			Mcf	Water Bbls.		Gas-Oil Ratio Gravity		
				HOD OF COMPLETION: PRODUCTION INTERVAL:			N INTERVAL:	
Vented Sold (If vented, Sub	Used on Lease	Open Hole Other (Specify)	(S		nmingled nit ACO-4)			



TICKET NUMBER 34216

LOCATION Of Fawg

FOREMAN Alan Made

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

020 401 0210 0	. 000 407 0070			CENIEN	11			
DATE	CUSTOMER#	WELL NAM	ME & NUMBE	R	SECTION	TOWNSHIP	RANGE	COUNTY
3512	780G	50659	αT		NW 15	20	20	AN
CUSTOMER	, x & D S	,		•	TRUCK#	000/50		
MAILING ADDRE	SS				51/2	DRIVER	TRUCK#	DRIVER
6421	Avona	Pailes			368	1000	Sarer	× Moe
CITY	S	TATE ZIP	CODE	~	370	Keidle?	14/	
OKlaha	ma City	OK 123	116		548	12000	25	
JOB TYPE by	71 7	OLE SIZE 5		IOLE DEPTH	768	CASING SIZE & W	VEIGHT 2	1/8
CASING DEPTH	758 DI	RILL PIPE	т	UBING			OTHER	
SLURRY WEIGHT	r sı	URRY VOL	w	VATER gal/s	k	CEMENT LEFT ip		es
DISPLACEMENT	<u> </u>	SPLACEMENT PSI	800 N	1IX PSI	200	RATE 46		
	eld crei	Noes	1. EG	tabi	ished	ate. M	ixed }	Du m Pa
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ACCOUNT CODE	QUANITY or	UNITS	DESC	RIPTION of	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
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							TOTAL	いっつめひりりん

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