



KANSAS CORPORATION COMMISSION 1078206  
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>03/05/2012</u>                 | <u>03/06/2012</u> | <u>04/17/2012</u>                       |
| Spud Date or<br>Recompletion Date | Date Reached TD   | Completion Date or<br>Recompletion Date |

API No. 15 - 15-003-25390-00-00

Spot Description: \_\_\_\_\_  
NE SW SW NW Sec. 15 Twp. 20 S. R. 20  East  West  
2145 Feet from  North /  South Line of Section  
495 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE  NW  SE  SW

County: Anderson

Lease Name: SOBBA Well #: 6-T

Field Name: Garnett Shoestring

Producing Formation: Squirrel

Elevation: Ground: 975 Kelly Bushing: 0

Total Depth: 770 Plug Back Total Depth: 0

Amount of Surface Pipe Set and Cemented at: 24 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: 752

feet depth to: 0 w/ 110 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: 04/30/2012



1078206

Operator Name: Tailwater, Inc. Lease Name: SOBBA Well #: 6-T  
 Sec. 15 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<br><i>(Attach Additional Sheets)</i>          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Log | Formation (Top), Depth and Datum | <input type="checkbox"/> Sample |
| Samples Sent to Geological Survey                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Name                                    | Top                              | Datum                           |
| Cores Taken                                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 302                                     | lime                             | base of the KC                  |
| Electric Log Run                                                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 696                                     | broken sand                      | none                            |
| Electric Log Submitted Electronically<br><i>(If no, Submit Copy)</i> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 740                                     | shale                            | none                            |
| List All E. Logs Run:                                                |                                                                     |                                         |                                  |                                 |
| Gamma Ray/Neutron                                                    |                                                                     |                                         |                                  |                                 |

| 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                | 24            | Portland       | 6            |                            |
| completion                                                                          | 5.6250            | 2.8750                    | 6.45              | 752           | Portland       | 110          | 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<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br><i>(Amount and Kind of Material Used)</i> | Depth |
|----------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------|
| 2              | 687-696                                                                                   | 50 gal 15% HCL acid<br>40 sx sand; 135 bbls H2O                                          | 696   |

|                                                                      |                        |                                                                                                                                                                                     |                    |               |                                                                                |
|----------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------|--------------------------------------------------------------------------------|
| TUBING RECORD:                                                       |                        | Size: <u>2.8750</u>                                                                                                                                                                 | Set At: <u>752</u> | Packer At:    | Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date of First, Resumed Production, SWD or ENHR.<br><u>04/17/2012</u> |                        | Producing Method:<br><input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> |                    |               |                                                                                |
| Estimated Production Per 24 Hours                                    | Oil Bbls.<br><u>10</u> | Gas Mcf                                                                                                                                                                             | Water Bbls.        | Gas-Oil Ratio | Gravity                                                                        |

|                                                                                                                                                                   |                                                                                                                                                                                                                                                                                   |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| DISPOSITION OF GAS:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i><br><input type="checkbox"/> Other <i>(Specify)</i> | PRODUCTION INTERVAL: |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 34221

LOCATION off road

FOREMAN Alan Mader

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 |
|-----------------------------------------|------------|--------------------|-----------------------------|-----------------------|-----------------------------------|--------|
| 3-6-12                                  | 7806       | Sobba 6-T          | NW 15                       | 20                    | 20                                | AN     |
| CUSTOMER<br><u>Tail water</u>           |            |                    | TRUCK #                     |                       |                                   |        |
| MAILING ADDRESS<br><u>6421 Anondale</u> |            |                    | DRIVER                      |                       |                                   |        |
| CITY<br><u>Oklahoma City</u>            |            | STATE<br><u>OK</u> | ZIP CODE<br><u>73116</u>    | TRUCK #               |                                   | DRIVER |
| JOB TYPE <u>long string</u>             |            |                    | HOLE SIZE <u>5 5/8</u>      | HOLE DEPTH <u>760</u> | CASING SIZE & WEIGHT <u>2 7/8</u> |        |
| CASING DEPTH <u>752</u>                 |            |                    | DRILL PIPE                  | TUBING                | OTHER                             |        |
| SLURRY WEIGHT                           |            |                    | SLURRY VOL                  | WATER gal/sk          | CEMENT LEFT in CASING <u>yes</u>  |        |
| DISPLACEMENT <u>4.4</u>                 |            |                    | DISPLACEMENT PSI <u>800</u> | MIX PSI <u>200</u>    | RATE <u>4 1/2 p/m</u>             |        |

REMARKS: Held crew meet. Established rate. Mixed & pumped 100# gel followed by 110 sk 50150 cement plus 270 gel. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve

Evans, Ken

Alan Mader

| ACCOUNT CODE    | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL   |
|-----------------|-------------------|------------------------------------|------------|---------|
| 5401            | 1                 | PUMP CHARGE                        |            | 1030.00 |
| 5406            |                   | MILEAGE                            |            |         |
| 5402            | 752               | casing footage                     |            |         |
| 5407            | 1/2 mi            | ton miles                          |            | 175.00  |
| 5502c           | 1 1/2             | 80 vac                             |            | 135.00  |
| 1124            | 110 sk            | 50150 cement                       |            | 1204.50 |
| 1183            | 285 #             | gel                                |            | 59.85   |
| 4402            | 1                 | 2 1/2 plug                         |            | 28.00   |
| <u>248300</u>   |                   |                                    |            |         |
| SALES TAX       |                   |                                    |            | 100.80  |
| ESTIMATED TOTAL |                   |                                    |            | 2733.15 |

Ravin 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