



KANSAS CORPORATION COMMISSION 1079805  
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>02/24/2012</u>	<u>02/27/2012</u>	<u>4/24/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25356-00-00  
Spot Description: \_\_\_\_\_  
NE SE NE SE Sec. 16 Twp. 20 S. R. 20  East  West  
1815 Feet from  North /  South Line of Section  
165 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Anderson  
Lease Name: Teter Well #: 7-T

Field Name: Garnett Shoestring  
Producing Formation: Squirrel

Elevation: Ground: 978 Kelly Bushing: 0  
Total Depth: 765 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: 754  
feet depth to: 0 w/ 111 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



1079805

Operator Name: Tailwater, Inc. Lease Name: Teter Well #: 7-T  
 Sec. 16 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 <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 Name 525 Top broken sand Datum none 693 Top broken sand Datum good bleeding
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>	
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	9.875	7	17	24	Portland	6	
completion	5.6250	2.8750	6.45	754	Portland	111	50/50 POZ

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	-			
	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	692-702	75 gal HCL acid	702
		40 sx sand; 135 bbls H2O	

TUBING RECORD: Size: <u>2.8750</u> Set At: <u>754</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>4/24/2012</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
Estimated Production Per 24 Hours	Oil Bbls. <u>10</u>	Gas Mcf _____ Water Bbls. _____ Gas-Oil Ratio _____ Gravity _____

DISPOSITION OF GAS: <input checked="" 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 34204  
LOCATION Ottawa  
FOREMAN Alan Madea

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
2-27-12	7806	Teeter 7-T	SE 16	20	20	BL
CUSTOMER Fairwater			TRUCK #			
MAILING ADDRESS 6421 Avondale			516	Alan M	Safety	Meat
CITY Oklahoma City			368	Gary M	GM	
STATE OK	ZIP CODE 73116		369	Derek M	DM	
			548	Mike H	MH	

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 765 CASING SIZE & WEIGHT 2 1/8  
CASING DEPTH 755 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING yes  
DISPLACEMENT 4.4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4.6 gpm

REMARKS: Held crew meeting. Established rate. Mixed & pumped 100 # gel. followed by 111 sk 50/50 cement plus 27 # gel. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

Evans Energy, Ken  
Alan Madea

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE		1000.00
5406	25	MILEAGE		100.00
5402	755	1.66130 footage		1275.00
5407	1/2 min	704 miles		135.00
5502C	1 1/2	80 wvl		
1124	111 sk	50/50 cement		1215.45
118B	286 #	gel		120.06
4402	1	2' 2 plug		28.00
				24810.9

SALES TAX 101.67  
ESTIMATED TOTAL 2845.18  
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.