



KANSAS CORPORATION COMMISSION 1079809

Form ACO-1
June 2009**CONFIDENTIAL**

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM**WELL HISTORY - DESCRIPTION OF WELL & LEASE**Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 #: _____

03/26/2012 03/27/2012 5/11/2012
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 15-003-25417-00-00

Spot Description: _____
E2 NE NE SW Sec. 22 Twp. 20 S. R. 20 ☒ East ☐ West
2310 Feet from ☐ North / ☒ South Line of Section
2475 Feet from ☐ East / ☒ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☒ SWCounty: AndersonLease Name: WHITESIDE Well #: 6-TField Name: Garnett ShoestringProducing Formation: SquirrelElevation: Ground: 958 Kelly Bushing: 0Total Depth: 801 Plug Back Total Depth: 0Amount of Surface Pipe Set and Cemented at: 22 FeetMultiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 791feet depth to: 0 w/ 107 sx cmt.**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bblsDewatering 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 ReceivedDate: 05/21/2012☐ Confidential Release Date: _____☒ Wireline Log Received☐ Geologist Report Received☐ UIC DistributionALT ☐ I ☒ II ☐ III Approved by: NAOMI JAMES Date: 05/23/2012