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AUG 20 2012

corrected



KANSAS CORPORATION COMMISSION 1065192  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
June 2009

Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

KCC WICHITA

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # ~~32481~~ 3113  
Name: ~~Talwater, Inc.~~ Martin Oil Properties  
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  SLOW
  - 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 #:

| 10/05/2011                        | 10/6/2011       | 10/12/2011                              |
|-----------------------------------|-----------------|-----------------------------------------|
| Spud Date or<br>Recompletion Date | Date Reached TD | Completion Date or<br>Recompletion Date |

API No. 15 - 15-003-25055-00-00  
Spot Description:  
NE SE NW SE Sec. 13 Twp. 20 S. R. 20  East  West  
1918 Feet from  North /  South Line of Section  
1444 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 #: 41-E  
Field Name: Garnett Shoestring  
Producing Formation: Bartlesville  
Elevation: Ground: 997 Kelly Bushing: 0  
Total Depth: 827 Plug Back Total Depth: 0  
Amount of Surface Pipe Set and Cemented at: 46 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: Feet  
If Alternate II completion, cement circulated from: 0  
feet depth to: 46 w/ 8 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: 10/24/2011



1065192

Operator Name: Trailwater, Inc. Martin Oil Properties Lease Name: EAST HASTERT Well #: 41-E  
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, lime 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 | 288                                     | lime                             | base of KC                      |
| Electric Log Run                                                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 480                                     | lime                             | oil show                        |
| Electric Log Submitted Electronically<br><i>(If no, Submit Copy)</i> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 743                                     | oil sand                         | brown, good bleeding            |
| List All E. Logs Run:                                                |                                                                     | 760                                     | oil sand                         | black, good bleeding            |
| Gamma Ray/ Neutron                                                   |                                                                     |                                         |                                  |                                 |

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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. / FL | Setting Depth | Type of Cement | # Sacks Used | Type and Percent Additives |
| surface                                                                             | 9.8750            | 7                         | 17               | 46            | Portland       | 8            |                            |
| completion                                                                          | 5.6250            | 2.8750                    | 6.45             | 817           | Portland       | 106          | 50/50 POZ                  |
|                                                                                     |                   |                           |                  |               |                |              |                            |

KCC WICHITA

| 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>(Amount and Kind of Material Used) | Depth |
|----------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------|
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |

TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  Flowing  Pumping  Gas Lift  Other (Explain) \_\_\_\_\_

|                                   |           |         |             |               |         |
|-----------------------------------|-----------|---------|-------------|---------------|---------|
| Estimated Production Per 24 Hours | Oil Bbls. | 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 type="checkbox"/> Perf. <input type="checkbox"/> Dualy Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i><br><input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL:<br>_____<br>_____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|