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AUG 20 2012

Corrected

KANSAS CORPORATION COMMISSION 1065186  
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 # ~~32464~~ 3113  
 Name: ~~XXXXXXXXXX~~ Martin G 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     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 #:

09/30/2011	10/03/2011	10/12/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-25051-00-00  
 Spot Description:  
 SW SE SE SE Sec. 13 Twp. 20 S. R. 20  East  West  
 250 Feet from  North /  South Line of Section  
 482 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 #: 36-E  
 Field Name: Gamett Shoestring  
 Producing Formation: Bartlesville  
 Elevation: Ground: 1099 Kelly Bushing: 0  
 Total Depth: 847 Plug Back Total Depth: 0  
 Amount of Surface Pipe Set and Cemented at: 23 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: 23 w/ 5 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 Gantner Date: 10/31/2011



1065186

Operator Name: ~~Fairwater, Inc.~~ *Martin Oil Properties* Lease Name: EAST HASTERT Well #: 36-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, 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  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	<input checked="" type="checkbox"/> Log    Formation (Top), Depth and Datum <input type="checkbox"/> Sample  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Name</td> <td style="width:40%;">Top</td> <td style="width:30%;">Datum</td> </tr> <tr> <td>335</td> <td>lime</td> <td>base of KC</td> </tr> <tr> <td>520</td> <td>lim</td> <td>oil show</td> </tr> <tr> <td>804</td> <td>oil sand</td> <td>black, good bleeding</td> </tr> </table>	Name	Top	Datum	335	lime	base of KC	520	lim	oil show	804	oil sand	black, good bleeding
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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. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
surface	9.8750	7	17	23	Portland	5	
completion	5.6250	2.8750	6.45	847	Portland	113	50/50 POZ

**KCC WICHITA**

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

TUBING RECORD:    Size:    Set At:    Packer At:    Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____					
Estimated Production Per 24 Hours	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Oil    Bbls.</td> <td style="width:15%;">Gas    Mcf</td> <td style="width:15%;">Water    Bbls.</td> <td style="width:15%;">Gas-Oil Ratio</td> <td style="width:15%;">Gravity</td> </tr> </table>	Oil    Bbls.	Gas    Mcf	Water    Bbls.	Gas-Oil Ratio	Gravity
Oil    Bbls.	Gas    Mcf	Water    Bbls.	Gas-Oil Ratio	Gravity		

DISPOSITION OF GAS: <input 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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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