



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM

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

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: [X] New Well [] Re-Entry [] Workover [] Oil [] WSW [] SWD [] SIOW [] Gas [] D&A [X] 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 #:

Table with 3 columns: Spud Date or Recompletion Date (05/14/2012), Date Reached TD (05/15/2012), Completion Date or Recompletion Date (05/15/2012)

API No. 15 - 15-003-25453-00-00 Spot Description: SE SE SW Sec. 22 Twp. 20 S. R. 20 [X] East [] West 330 Feet from [] North [X] South Line of Section 2310 Feet from [] East [X] West Line of Section Footages Calculated from Nearest Outside Section Corner: [] NE [] NW [] SE [X] SW County: Anderson Lease Name: WHITESIDE Well #: 15-IW Field Name: Garnett Shoestring Producing Formation: Squirrel Elevation: Ground: 947 Kelly Bushing: 0 Total Depth: 797 Plug Back Total Depth: 0 Amount of Surface Pipe Set and Cemented at: 25 Feet Multiple Stage Cementing Collar Used? [] Yes [X] No If yes, show depth set: Feet If Alternate II completion, cement circulated from: 787 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

[X] Letter of Confidentiality Received Date: 09/11/2012 [] Confidential Release Date: [] Wireline Log Received [] Geologist Report Received [X] UIC Distribution ALT [] I [X] II [] III Approved by: NAOMI JAMES Date: 09/11/2012