



KANSAS CORPORATION COMMISSION 1097521
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

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

CONFIDENTIAL

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: Coffeyville Resources

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 #: _____
09/21/2012 09/26/2012 09/26/2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-003-25598-00-00
Spot Description: _____
SE SW NE NE Sec. 15 Twp. 20 S. R. 20 East | West
1055 Feet from North / South Line of Section
780 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE | NW | SE | SW
County: Anderson
Lease Name: Wittman Well #: 8-1W
Field Name: Garnett Shoestring
Producing Formation: Squirrel
Elevation: Ground: 949 Kelly Bushing: 0
Total Depth: 761 Plug Back Total Depth: 0
Amount of Surface Pipe Set and Cemented at: 21 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 751
feet depth to: 0 w/ 103 _____ sx cmt.

Drilling Fluid Management Plan
(Date 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: 10/15/2012
 Confidential Release Date:
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT | I | II | III Approved by: NAOMI JAMES Date: 10/16/2012