

CONFIDENTIAL

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1093885

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

| OPERATOR: License # 3246 | 1 | | API No. 15 - 15-003-25527-00-00 |
|-------------------------------------|-------------------|---|--|
| Tailwater Inc | | | Spot Description: |
| Address 1: 6421 AVONDALE | DD CTE 242 | | NE_SW_NW_NW Sec. 27 Twp. 20 S. R. 20 ▼ East West |
| Address 2: | | | 825 Feet from North / □ South Line of Section |
| City: OKLAHOMA CITY S | | | 495 Feet from ☐ East / 🗸 West Line of Section |
| Contact Person: Chris Martin | | | Footages Calculated from Nearest Outside Section Corner: |
| Phone: (405) 810-0900 | | | NE ✓NW SE SW |
| CONTRACTOR: License # 850 | 19 | | County: Anderson |
| Name: Evans Energy Develo | nment Inc | | Lease Name: Simons Bros. Farms Well #: 18-T |
| Wellsite Geologist: n/a | | | Field Name: Garnett Shoestring |
| Purchaser: Coffeyville Resource | es | | Producing Formation: Squirrel |
| Designate Type of Completion: | | | Elevation: Ground: 955 Kelly Bushing: 0 |
| ✓ New Well Re | e-Entry | Workover | Total Depth: 854 Plug Back Total Depth: 0 |
| √ Oìl wsw | SWD | SIOW | Amount of Surface Pipe Set and Cemented at: 21 Feet |
| Gas D&A | ENHR | SIGW | Multiple Stage Cementing Collar Used? ☐ Yes ✔ No |
| OG | GSW | Temp. Abd. | If yes, show depth set: Feet |
| CM (Coal Bed Methane) | | , | If Alternate II completion, cement circulated from: 844 |
| Cathodic Other (Co. | re, Expl., etc.): | | feet depth to: 0 w/ 103 sx cmt. |
| If Workover/Re-entry: Old Well In | nfo as follows: | | sx cm. |
| Operator: | | | |
| Well Name: | | | Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) |
| Original Comp. Date: | Original Tota | al Depth: | |
| Deepening Re-per | | | Chloride content: 0 ppm Fluid volume: 0 bbls |
| | Conv. to G | | Dewatering method used: Evaporated |
| Plug Back: | Plug ' | Back Total Depth | Location of fluid disposal if hauled offsite: |
| Commingled | Permit #: | | Operator Name: |
| Dual Completion | Permit #: | | Lease Name: License #: |
| SWD | | | |
| ENHR | | | QuarterSecTwpS. REastWest |
| GSW | | | County: Permit #: |
| 08/01/2012 08/02/ | | 09/25/2012 | |
| Spud Date or Date Recompletion Date | | Completion Date or Recompletion Date | |

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: 10/23/2012 | | | | |
| | Confidential Release Date: | | | | |
| 1 | Wireline Log Received | | | | |
| | Geologist Report Received | | | | |
| | UIC Distribution | | | | |
| ALI | I III Approved by: NAOMI JAMES Date: 10/24/2012 | | | | |